

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0044008 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/28/2000 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on June 28, 2000. The diagnoses have included cervical spine disc bulge. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of neck pain that radiates to the head, abdominal pain, and numbness and tingling of both hands. The Primary Treating Physician's report dated August 22, 2013, noted the injured worker reporting feeling that his overall condition was getting worse. Physical examination was noted to show the neck with diffuse tenderness, numbness in all fingers bilaterally, and slight asymmetry of the back. On October 2, 2013, Utilization Review non-certified a MRI of the cervical spine, electrodiagnostic study of the upper extremities, digital electronic range of motion (ROM) testing, digital electronic myometry, and computerized sensory testing, noting that medical necessity was not supported by the treatment guidelines. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG) were cited. On October 31, 2013, the injured worker submitted an application for IMR for review of a MRI of the cervical spine, electrodiagnostic study of the upper extremities, digital electronic range of motion (ROM) testing, digital electronic myometry, and computerized sensory testing.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DIGITAL ELECTRONIC RANGE OF MOTION (ROM) TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DOPF CA, MANDEL SS, GEIGER DF, MAYER PJ, SPINE. 1995 JAN 15; 20(2):252-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (Acute and Chronic)/ Low-back Lumbar and Thoracic (Acute and Chronic) Range of motion/Flexibility.

Decision rationale: The MTUS/ACOEM did not specifically address the use of digital electronic range of motion testing and therefore other guidelines were consulted. Per the ODG an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Based on the guidelines the request for digital electronic range of motion testing is not medically necessary.

ELECTRODIAGNOSTIC STUDY OF THE UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-199.

Decision rationale: Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck and or arm symptoms lasting more than 3-4 weeks. A review of the injured workers medical records show that he has persistent neurological findings on physical examination that would need to be clarified. Therefore based on the injured workers clinical presentation and the guidelines the request for electrodiagnostic study of the upper extremities is medically necessary.

DIGITAL ELECTRONIC MYOMETRY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC FOREARM, WRIST, AND HAND PROCEDURE SUMMARY LAST UPDATED 05/08/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)Computerized muscle testing.

Decision rationale: The MTUS/ACOEM did not specifically address the use of digital electronic myometry and therefore other guidelines were consulted. Per the ODG, computerized muscle strength testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. Conventional methods of strength testing are adequate. Therefore based on the guidelines the request for digital electronic myometry is not medically necessary.

COMPUTERIZED SENSORY TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC-PAIN PROCEDURE SUMMARY LAST UPDATED 06/07/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (Acute and Chronic)Current perception threshold (CPT) testing.

Decision rationale: The MTUS/ACOEM did not specifically address the use of computerized sensory testing therefore other guidelines were consulted. Per the ODG current perception threshold or computerized sensory testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) have both concluded that quantitative sensory threshold (QST) testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold (CPT) testing. Therefore based on the guidelines the request for computerized sensory testing is not medically necessary.

MRI OF THE CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck and or arm symptoms lasting more than 3-4 weeks. A review of the injured workers medical records show that he has persistent neurological findings on physical examination, corroborated by x-ray that appear to be worsening and would warrant further imaging and therefore based on the injured workers clinical presentation and the guidelines the request for MRI of the cervical spine is medically necessary.