

Case Number:	CM14-0158534		
Date Assigned:	10/24/2014	Date of Injury:	07/14/2014
Decision Date:	01/28/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 60 year old female who sustained an industrial injury on 07/14/14 when a garage door hit her head and she lost consciousness. She was evaluated in the emergency department and had x-rays, CT scan and MRI studies. Her prior treatment included chiropractic therapy. The note from 08/14/14 was reviewed. She was initially evaluated in emergency room with negative studies and later developed slurred speech and had another negative CT scan of head. Her complaints included headache, loss of equilibrium, ringing in the ears, ear pain, vision problems, memory loss, dull aching pain in the neck, which increased to sharp and shooting pain, cracking and grinding of the neck with range of motion, worsening of pain with flexing or extending the head and neck, radiating pain from the neck into her shoulders and her head with numbness, tingling and burning sensation. She also had mid back and lower back pain, radiating down to her feet, with numbness and tingling in upper and lower extremities. She also had aching pain in the right foot with numbness and tingling. Examination findings included spasm and tenderness over the paravertebral musculature, upper trapezium and interscapular area with negative Tinel's sign, normal reflexes and decreased bilateral Deltoid strength. Sensory testing was decreased over C6 dermatome. Phalen and reverse phalen testing were positive on the right. Lumbar examination showed tenderness and spasm in the paravertebral muscles with decreased motor strength of right ankle dorsiflexor and plantar flexor and left knee extensor and flexor. Sensation was decreased over left L5 dermatome. Tenderness was noted over the medial and lateral malleolus on the right with tenderness over anterior talofibular ligament and the peroneal tendons on the right. X-ray of the right ankle showed no evidence of any fractures or dislocations. Diagnoses included cervical sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy, bilateral shoulder impingement, right wrist tendinitis, left knee tendinitis, right ankle sprain and right foot contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Lower Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Electrodiagnostic studies; <http://www.uptodate.com/contents/lumbosacral-radiculopathy-pathophysiology-clinical-features-and-diagnosis?source=machineLearning&search=nerve+conduction+studies&selectedTitle=5~150§ionRank=1&anchor=H21#H26>.

Decision rationale: According to Official Disability guidelines, electromyography (EMG) is recommended to confirm radiculopathy after a month of symptoms despite conservative therapy. According to the article from UpToDate cited above, EMG and nerve conduction studies (NCS) have a high diagnostic utility for radiculopathy when neurologic weakness is present. The yield is lower in patients with only pain or sensory loss as the manifestation of radiculopathy. For patients with weakness, the EDS can identify conditions that mimic radiculopathy such as plexopathy and mononeuropathies. Given the employee's back pain, weakness in lower extremities and failure to improve with conservative care, the need for ruling out other pathologies like myopathy, plexopathy, peripheral neuropathies is important. The request for bilateral lower extremities EMG/NCV is medically necessary and appropriate.

EMG/NCV of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, EDS

Decision rationale: Guidelines recognize the potential value of electrodiagnostic testing in cases with evidence of neurologic dysfunction where 4-6 weeks of conservative therapy have not resulted in improvement. ACOEM guidelines recommend electrodiagnostic studies to evaluate non-specific hand, wrist or forearm complaints for patients with paresthesias or other neurologic symptoms. In this case, the employee is 2 years from the initial injury and had persistent tingling and numbness. Official Disability guidelines recommend EMG/NCV for patients with double crush phenomenon, in particular, when there is evidence of diabetic neuropathy, metabolic neuropathy due to thyroid disease or compressive neuropathy due to carpal tunnel syndrome. The employee had hand tingling and numbness in addition to objective findings of both radiculopathy and carpal tunnel syndrome. Prior treatment included medications and chiropractic treatment.

Given the ongoing symptoms and signs of radiculopathy and possible carpal tunnel syndrome, an EMG/NCV of bilateral upper extremities is medically necessary and appropriate.

MRI of the Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM Practice Guidelines support imaging of the cervical and lumbar spine for red flag signs where there are objective findings of specific nerve compromise on neurologic examination and do not respond to treatment. The employee had pain and tenderness of cervical and lumbar paraspinals along with radiculopathy signs. There are no reports of prior MRI. The request for MRI of the cervical spine is medically necessary and appropriate.

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM Practice Guidelines support imaging of the cervical and lumbar spine for red flag signs where there are objective findings of specific nerve compromise on neurologic examination and do not respond to treatment. The employee had pain and tenderness of cervical and lumbar paraspinals along with radiculopathy signs. There are no reports of prior MRI. The request for MRI of the lumbar spine is medically necessary and appropriate.

MRI of the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 378.

Decision rationale: According to ACOEM Practice Guidelines, further imaging is indicated in patients with red flags indicative of fracture, infection or neurologic deficit. The employee had ankle tenderness and x-ray failed to reveal any fractures. Given the absence of other red flags in

ankle like instability, infection or fractures, a MRI of the right ankle is not medically necessary or appropriate.

Neurology Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines indicate that a persistent complaint should lead a primary treating provider to reconsider the diagnosis and decide whether a specialist consultation is necessary. In this case, the employee had multiple ongoing symptoms including dizziness and headaches after head injury. She had been evaluated with various x-rays and CT scans. She was continuing to have disabling radicular symptoms as well as headaches/dizziness. The request for follow-up with Neurology is necessary and appropriate.

Physio-therapy three (3) times per week for four (4) weeks to the cervical and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is recommended for low back pain and neck pain and the guidelines recommend allowing for fading of treatment frequency plus active self-directed home therapy. The employee had only chiropractic treatment in past. She had multiple diagnoses included cervical and lumbar radiculopathy. The request for 12 sessions of physical therapy is medically necessary and appropriate.