

Case Number:	CM14-0189854		
Date Assigned:	11/21/2014	Date of Injury:	07/14/2006
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 69-year-old male what date of injury of 07/14/2006. The listed diagnoses from 10/07/2014 are L5 - S1 spondylolisthesis, left shoulder strain/sprain, left shoulder impingement syndrome, right knee sprain/strain, lumbar spine sprain/strain and right wrist sprain/strain. According to this report, the patient complains of constant low back pain with radiating symptoms into the legs with associated numbness and tingling. He reported having neck pain with radiation into the shoulders and associated numbness and tingling in his hands. His back pain is rated 7/10. The patient also complains of constant pain in the left shoulder especially with overhead reaching. Radiating pain into the entire arm was reported with numbness and tingling in the left hand. Popping was occasionally noted. He rates his left shoulder pain 6/10. He also reports constant pain in the right wrist radiating into the right hand with numbness in tingling. He rates his pain 7/10 in the right wrist. The examination shows tenderness over the wrist flexion/extension crease, classic patterns of carpal tunnel syndrome and Phalen's sign is positive bilaterally. There is muscle guarding/spasms present in the lumbar spine. There is paraspinal musculature tenderness to palpation in the lumbar spine. Medial joint line tenderness noted on the right knee. Sensory examination is intact. Motor exam is within normal limits. The documents include one progress report from 10/07/2014. The utilization review denied the request on 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV 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 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and Hand Chapter on EMG

Decision rationale: This patient presents with low back, left shoulder right wrist pain and radiating pain into the entire arm with numbness and tingling in the left hand. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records show that the patient had an EMG and NCV of the bilateral upper extremities from December 6, 2007 that showed electrophysiological evidence of right moderate CTS and left mild CTS. The physician is requesting an EMG/NCV to see if there is a progression of the carpal tunnel syndrome that would require surgery. Additionally the treating physician wants to rule out radiculitis including double crush syndrome. Given that the patient reports radiating symptoms including numbness and tingling from the right wrist to the right hand and there are positive orthopedic test findings, an updated EMG/NCV is warranted. The request is medically necessary.

EMG/NCV bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter on EMG and NCV

Decision rationale: This patient presents with low back pain with radiating symptoms into the legs, left shoulder and right wrist pain. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records show that the patient had an EMG/NCV of the bilateral lower extremities on December 6, 2007 that showed normal results. ODG does not recommend performing nerve conduction studies when the patient is presumed to

have symptoms on the basis of radiculopathy. In this case there is no diagnosis of radiculopathy, there are only subjective radicular complaints into the lower extremities and the examination does not show any neurological or sensory deficits that would warrant the use of an EMG/NCV and there is no justification for repeat testing. The request is not medically necessary.

MRI of right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter on MRI

Decision rationale: This patient presents with low back, left shoulder, and right wrist pain. The ACOEM guidelines pages 341-342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. The 10/07/2014 report mentions an MRI of the bilateral knees, date unknown, which showed "abnormalities." In the same report, there is medial joint line tenderness on the right knee and a positive McMurray's and Apley's test on the right. The physician does not provide a rationale for the request. The patient does not report new injury or trauma that would warrant the need for an updated MRI of the right knee. The request is not medically necessary.

MRI of right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging)

Decision rationale: This patient presents with low back, left shoulder, and right wrist pain. The ACOEM guidelines chapter 11 pages 268-269 has the following regarding special studies and diagnostic and treatment considerations: "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation." For MRI of the wrist, ODG guidelines states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis. "The utilization review notes an MRI of the right wrist from 11/10/2006 that showed abnormal ulnar styloid process

suggestive of nonunion old fracture and subchondral cyst in the distal radius likely degenerative. The physician does not provide a rationale for the request. Aside from radiating symptoms from the wrist to the right hand, there is no report of new injury or trauma that would warrant the need for an updated MRI. The request is not medically necessary.

MRI of left shoulder: Upheld

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) Shoulder chapter on MRI

Decision rationale: This patient presents with low back, left shoulder, and right wrist pain. The treater is requesting an MRI OF THE LEFT SHOULDER. The ACOEM Guidelines page 207 to 208 document that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The utilization review references an MRI of the left shoulder from 11/03/2006 and 05/18/2007 that showed AC OA , Supraspinatus and infraspinatus tendinitis and joint effusion. The 10/07/2014 report shows a positive Neer's Impingement test and Hawkin's Impingement test on the left. While the patient reports constant pain in the left shoulder including radiating symptoms into the left hand, there are no reports of new injury or trauma to the left shoulder that would warrant the need for an updated MRI and no red flags have been documented. The request is not medically necessary.

MRI of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter on MRI

Decision rationale: This patient presents with low back, left shoulder, and right wrist pain. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve

compression, and recurrent disk herniation). The 10/07/2014 report mentions an MRI of the "back" that revealed "abnormalities." Specifics regarding this MRI including the date and location in the back were not made available for review. The physician does not provide a rationale for the request. While the patient continues to complain of low back pain with radiating symptoms into the legs, there are no reports of new injury or trauma and there are no red flags documented that would warrant the need for an updated MRI. The request is not medically necessary.

MRI of cervical spine: Upheld

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): 177 -178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter on MRI

Decision rationale: This patient presents with low back, left shoulder, and right wrist pain. The ACOEM Guidelines has the following criteria for ordering imaging studies on page 177 and 178: (1) emergence of a red flag, (2) physiologic evidence of tissue insult or neurologic dysfunction, (3) failure to progress in the strengthening program intended to avoid surgery, (4) clarification of anatomy prior to invasive procedure. ODG also states that MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to procedure. The records do not show that the patient has had an MRI of the cervical spine. The examinations from the 10/07/2014 report do not show any significant findings. There are no reports of trauma or injury in the cervical spine, and there are no red flags documented that would indicate the medical necessity for a cervical MRI. The request is not medically necessary.