Case Number:	CM14-0202056		
Date Assigned:	12/11/2014	**Date of Injury:**	08/03/2014
Decision Date:	01/31/2015	**UR Denial Date:**	10/31/2014
Priority:	Standard	**Application Received:**	12/01/2014

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 Occupational Medicine, and is licensed to practice in Colorado. 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 worker was injured on 8/3/14 when he was receiving a food cart from a classroom followed by a fall to the floor after his left foot became came to with a cable. The worker fell forward and struck his head on the floor in a food tray. There was laceration to the chin and mouth occurred. There was immediate pain to left shoulder, left arm, left hip, left leg, as well as the neck and the back. There was a cervical spine x-ray on August 14, 2014. In interpretation of the x-rays was that there was multilevel lumbar spondylosis and at the left hip was normal. Symptoms have included constant low back pain aggravated by bending and walking. There is radiation of pain to the lower extremities. There is documentation of constant pain in left shoulder aggravated by reaching activities. Pain intensity level is documented at 7/10 and improved with medications. Examination results revealed tenderness at the anterior glenohumeral joint region and subacromial space, positive Hawkins and pinch +, painful but intact rotator cuff function, reproducible symptomology with rotation and forward flexion, no evidence of instability. There was a previous request for physical therapy. X-rays of the left shoulder were reported as normal. The worker developed problems with constipation, jaw pain and facial pain was persistent bruising of the face. Examination of lumbar spine is remarkable for palpable purpura vertebral muscle tenderness and spasm, positive seated nerve root test, guarded and restricted active range of motion. Treatment has included physical therapy. Diagnoses have included cervical and lumbar disc with the, rule out left hip internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 296, 303, 309, 178.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy.For cervical/neck and upper back complaints, the MTUS also provides that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.In this case, the injured worker has had non-focal lower extremity neurologic symptomology (i.e. not documented as occurring in a specific radicular distribution). Therefore, the request to authorize right lower extremity EMG is not considered medically necessary or appropriate.

NCV right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 296, 303, 309, 178.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy. For cervical/neck and upper back complaints, the MTUS also provides that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.In this case, the injured worker has had non-focal lower extremity neurologic symptomology (i.e. not documented as occurring in a specific radicular distribution). Therefore, the request to authorize right lower extremity nerve conduction velocity tests is not considered medically necessary or appropriate.

NCV left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 296, 303, 309, 178.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy.For cervical/neck and upper back complaints, the MTUS also provides that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.In this case, the injured worker has had non-focal lower extremity neurologic symptomology (i.e. not documented as occurring in a specific radicular distribution). Therefore, the request to authorize left lower extremity nerve conduction velocity tests is not considered medically necessary or appropriate.

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 296, 303, 309, 178.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy.For cervical/neck and upper back complaints, the MTUS also provides that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.In this case, the injured worker has had non-focal lower extremity neurologic symptomology (i.e. not documented as occurring in a specific radicular distribution). Therefore, the request to authorize left lower extremity EMG tests is not considered medically necessary or appropriate.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 209-210.

Decision rationale: The MTUS provides medical necessity criteria for shoulder MRI scan. These criteria indicate that shoulder MRI scan is potentially medically necessary for the following disorders: Impingement syndrome, rotator cuff tear, recurrent dislocation, suspected tumor, and suspected infection. For rotator cuff tear, the MTUS documents that surgical repair of the rotator cuff is indicated for significant tears that impair activities causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. For partial thickness rotator cuff tears and small full thickness tears, presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months.The available medical records document the injured worker has impingement. The records do not specifically document the duration that these symptoms have persisted or the effects of conservative management, such as physical therapy. In this case, there is no documentation of failed conservative therapy for a minimum of 3 months. There is mention of treatment with physical therapy however no specific information is provided regarding physical therapy directed to the left shoulder. Therefore, the left shoulder MRI scan request is not considered medically necessary or appropriate.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) of the Spine, Number: 0236

Decision rationale: In this case there are no neurologic red flags documented. The medical records document lower extremity symptomology including pain. The medical records document pre-existing low back pain. The records do not document failed conservative treatment. According to the MTUS the medical necessity criteria for MRI scan of the lumbar spine include the following:Unequivocal objective findings that identify specific nerve compromiseon the neurologic examination;When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction (e.g. Electromyography (EMG), including H-reflex tests) lasting more than three or four weeks should be obtained before ordering an imaging study; An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor.According the Aetna Clinical Policy Bulletin, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) of the Spine, Number: 0236, Aetna considers

magnetic resonance imaging (MRI) and computed tomography (CT) of the spine medically necessary when any of the following criteria is met: -Clinical evidence of spinal stenosis; or-Clinical suspicion of a spinal cord or cauda equina compression syndrome; or-Congenital anomalies or deformities of the spine; or-Evaluation of recurrent symptoms after spinal surgery; or-Evaluation prior to epidural injection to rule out tumor or infection and to delineate the optimal anatomical location for performing the injection; or-Follow-up of evaluation for spinal malignancy or spinal infection; or-Known or suspected myelopathy (e.g., multiple sclerosis) for initial diagnosis when MRI of the brain is negative or symptoms mimic those of other spinal or brainstem lesions; or-Known or suspected primary spinal cord tumors (malignant or non-malignant); or-Persistent back or neck pain with radiculopathy as evidenced by pain plus objective findings of motor or reflex changes in the specific nerve root distribution, and no improvement after 6 weeks of conservative therapy*; or-Primary spinal bone tumors or suspected vertebral, paraspinal, or intraspinal metastases; or-Progressively severe symptoms despite conservative management; or-Rapidly progressing neurological deficit, or major motor weakness; or-Severe back pain (e.g., requiring hospitalization); or-Spondylolisthesis and degenerative disease of the spine that has not responded to 4 weeks of conservative therapy*; or -Suspected infectious process (e.g., osteomyelitis epidural abscess of the spine or soft tissue); or-Suspected spinal cord injury secondary to trauma; or-Suspected spinal fracture and/or dislocation secondary to trauma (if plain films are not conclusive); or-Suspected transverse myelitis.The request for lumbar spine MRI scan in this case is not medically necessary or appropriate because there is insufficient documentation of progressively severe symptoms despite conservative management or documentation of failed conservative management.