

Case Number:	CM14-0207290		
Date Assigned:	12/19/2014	Date of Injury:	03/21/2008
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

60y/o female injured worker with date of injury 3/21/08 with related neck, mid back, low back, bilateral shoulder, bilateral hip, and upper/lower extremity pain. Per progress report dated 10/21/14, physical exam revealed tenderness in the cervical spine with reduced range of motion and positive cervical compression test to the right. The right shoulder revealed obvious impingement sign with reduced range of motion secondary to pain. There was decreased grip strength on the right hand. There was decreased range of motion in the lumbar spine and positive straight leg raise. Per 10/3/14 progress report, 4/5 motor strength was noted about the bilateral upper extremities; 3-4/5 in the lower extremities. Biceps, brachioradialis, triceps, and patella were hyper-reflexive. MRI of the cervical spine dated 9/2/14 revealed: 1. At C4-5 and C5-6, there is a moderate to severe spinal canal stenosis secondary to posterior disk protrusion, possible calcification of the posterior longitudinal ligament and thickening of the ligamentum flavum. Abnormal appearance of the spinal cord dorsal to C5-6 suggests myelomalacia. Correlate with detailed clinical neurologic exam findings. 2. No fractures or subluxations are present. Slight reversal of normal cervical lordotic curvature. MRI of the lumbar spine dated 7/26/13 revealed: 1. At the L5-S1 level there appear to be bilateral pars inter-articularis (spondylolysis) defects which may be Incomplete. Approximately 5 mm anterior spondylolisthesis L5 upon S1 shown. Severe chronic disc space narrowing and disc desiccation also noted. Mild broad-based posterior and posterolateral disc protrusion and moderate chronic hypertrophic changes of the facet joints seen at this level. This causes moderate encroachment upon the neural foramina bilaterally with slight compression of both exiting L5 nerve roots more

severe on the left than the right. No central spinal canal stenosis at this level. 2. MRI of the lumbar spine is otherwise unremarkable. The other lumbar disc heights are well-maintained. No disc protrusions, spinal stenosis or neural foramina) narrowing at other lumbar levels. No fractures are seen. Treatment to date has included chiropractic manipulation, acupuncture, epidural steroid injections, and medication management. The date of UR decision was 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic Studies.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, 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 neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. Per ODG TWC, "Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results)." It would benefit the injured worker to determine what is resulting from the cord signal changes versus what is caused from changes seen per MRI. The request is medically necessary.

EMG/NCS of bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic Studies.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, 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 neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. Per ODG TWC, "Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results)." It would benefit the injured worker to determine what is resulting from the cord signal changes versus what is caused from changes seen per MRI. The request is medically necessary.

Functional capacity evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The ACOEM Guidelines in regard to FCE detailed the recommendation for consideration of a functional capacity evaluation when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation indicates that there was weakness in the arms and legs, and therefore it is necessary to see what is safe and possible since it is a complex case because of safety/fall risk concerns as well as weakness which is distinct from pain or range of motion issues. The request is medically necessary.