

Case Number:	CM14-0209669		
Date Assigned:	01/12/2015	Date of Injury:	05/19/1976
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 57 year old female with date of injury 01/09/14. The treating physician report dated 11/5/14 indicates that the patient presents with pain affecting neck, low back, right shoulder and bilateral hand, wrist, and elbow pain. The physical examination of the cervical spine reveals straightening of the cervical lordotic curvature. There is tenderness to palpation with muscle guarding is present over the paraspinal musculature and upper trapezius muscles, bilaterally. Decreased ROM in the cervical spine. The examination of the thoracolumbar spine reveals tenderness to palpation with muscle guarding is present over the lumbar paraspinal musculature. Decreased ROM, with pain radiating to the right knee. Physical examination of the bilateral elbows/wrists show flattening of the thenar pads and tenderness to palpation is presents over the lateral epicondyles, worse on the right than the left. The current diagnoses are: 1. Lumbar musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac joint sprain 2. Cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis 3. Right shoulder periscapular strain 4. Bilateral elbow lateral epicondylitis and cubital tunnel syndrome 5. Bilateral forearm and wrist extensor and flexor tendinitis with carpal tunnel syndrome 6. Thoracic musculoligamentous sprain/strain. The utilization review reported denies the request for MRI of the lumbar/cervical spine and the request for EMG/NCV for upper and lower extremities based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back Chapter, MRI section

Decision rationale: The patient presents with back and extremities pain. The current request is for MRI of the lumbar spine. The treating physician states, "Given the patient's chronic neck and back symptoms with numbness and tingling to the upper and lower extremities over five years I am requesting an MRI scan of the cervical spine and lumbar spine to evaluate for intervertebral disc disorder." The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. In this case, the patient has been diagnosed with radiculopathy. The current request is supported by the ODG guidelines. The request for MRI of lumbar spine is 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 ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with back and extremities pain. The current request is for MRI of the cervical spine. The treating physician states, "Given the patient's chronic neck and back symptoms with numbness and tingling to the upper and lower extremities over five years I am requesting an MRI scan of the cervical spine and lumbar spine to evaluate for intervertebral disc disorder." ACOEM Guidelines recommend special imaging studies for emergence of red flag, physiologic evidence of tissue insult and neurologic dysfunction, et cetera. ACOEM Guidelines may not apply as this patient has chronic pain. ODG Guidelines recommends MR imaging when neurologic signs or symptoms are present. In this case, there is no indication that there are neurologic signs or symptoms. The guidelines go on to say that if patient has chronic pain for 3 months or longer, MRI is recommended. The patient has had chronic pain for close to 5 years according to the treating physician. The request for MRI of cervical spine is medically necessary.

EMG/NCV of the right lower extremity: 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 ODG-TWC Neck & Upper Back Procedure Summar

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back Chapter

Decision rationale: The patient presents with neck, back and extremities pain. The current request is for EMG/NCV of the right lower extremity. The treating physician indicates that the current request is "to evaluate for nerve root compression in the lumbar spine." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." There is no indication that prior EMG/NCV testing has been provided. Given the patient's continued complaints of pain and neurological examination findings, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The request for EMG/NCV of the right lower extremity is medically necessary.

EMG/NCV of the bilateral 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 ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with neck, back and extremities pain. The current request is for EMG/NCV of the bilateral upper extremities. The treating physician indicates that the current request is "to evaluate for nerve root compression versus cubital tunnel syndrome and carpal tunnel syndrome at the upper extremities." ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. There is no indication of prior EMG/NCV of the upper extremities in the reports submitted. The current request is supported by the ACOEM guidelines. The request for EMG/NCV of the bilateral upper extremities is medically necessary.