

Case Number:	CM15-0145521		
Date Assigned:	08/06/2015	Date of Injury:	10/27/2011
Decision Date:	09/24/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 47 year old female patient who sustained an industrial injury on October 27, 2011. A recent orthopedic follow up visit dated January 20, 2015 reported the worker as temporarily partially disabled and prescribed a modified work duty. There is mention of modified authorization received for physical therapy session pending scheduling. The worker reported good response to previous cervical radiofrequency. She is still utilizing Tylenol # 3 along with Imitrex with good benefit. The injured worker has been diagnosed of acute cervical strain with guarding and spasm; lumbar strain, facet arthropathy at C6-C7 and C7- T1 levels; positive impingement, right shoulder and right shoulder impingement syndrome. She is with subjective complaint of increasing low back pain. Her current complaint is of neck pain. The plan of care noted recommending additional physical therapy session treating the lumbar spine, updated magnetic resonance imaging of lumbar spine, and recommending radiographic study for lateral, flexion and extension of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on October 27, 2011. The medical records provided indicate the diagnosis of acute cervical strain with guarding and spasm; lumbar strain, facet arthropathy at C6-C7 and C7- T1 levels; positive impingement, right shoulder and right shoulder impingement syndrome. Treatments have included physical therapy for the neck and Cervical Ablation. The medical records provided for review do not indicate a medical necessity for Magnetic resonance imaging (MRI) of the lumbar spine. The MTUS recommends against Imaging unless in the presence of red flags or unequivocal evidence of neurological dysfunction, or when this is needed for surgery. The Medical records indicate the MRI is needed as an update. The Official Disability Guidelines recommends against repeat MRI except when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Therefore, the request is not medically necessary.

NCV (nerve conduction velocity) of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on October 27, 2011. The medical records provided indicate the diagnosis of acute cervical strain with guarding and spasm; lumbar strain, facet arthropathy at C6-C7 and C7- T1 levels; positive impingement, right shoulder and right shoulder impingement syndrome. Treatments have included physical therapy for the neck and Cervical Ablation. The medical records provided for review do not indicate a medical necessity for NCV (nerve conduction velocity) of the bilateral lower extremity. The MTUS is silent on lower extremities NCV, though it recommends EMG to detect subtle neurological dysfunction; but the Official Disability Guidelines does not recommend NCV. The Official Disability Guidelines states, that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Therefore, the request is not medically necessary.

NCV (nerve conduction velocity) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on October 27, 2011. The medical records provided indicate the diagnosis of acute cervical strain with guarding and spasm; lumbar strain, facet arthropathy at C6-C7 and C7- T1 levels; positive impingement, right shoulder and right shoulder impingement syndrome. Treatments have included physical therapy for the neck and Cervical Ablation. The medical records provided for review do not indicate a medical necessity for NCV (nerve conduction velocity) of the right lower extremity. The MTUS is silent on lower extremities NCV, though it recommends EMG to detect subtle neurological dysfunction; but the Official Disability Guidelines does not recommend NCV. The Official Disability Guidelines states, that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Therefore, the request is not medically necessary.

EMG (electromyogram) of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMGs (electromyography).

Decision rationale: The injured worker sustained a work related injury on October 27, 2011. The medical records provided indicate the diagnosis of acute cervical strain with guarding and spasm; lumbar strain, facet arthropathy at C6-C7 and C7- T1 levels; positive impingement, right shoulder and right shoulder impingement syndrome. Treatments have included physical therapy for the neck and Cervical Ablation. The medical records provided for review do not indicate a medical necessity for EMG (electromyogram) of the bilateral lower extremity. The MTUS recommends EMG to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines states, states that EMG can be used as an option to obtain unequivocal evidence of radiculopathy, after 1- month conservative therapy. The Medical records indicate the injured worker has not had physical therapy for the back. The requested treatment is not medically necessary due to lack of documented evidence of failed conservative treatment for the low back.

EMG (electromyogram) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on October 27, 2011. The medical records provided indicate the diagnosis of acute cervical strain with guarding and spasm; lumbar strain, facet arthropathy at C6-C7 and C7- T1 levels; positive impingement, right shoulder and right shoulder impingement syndrome. Treatments have included physical therapy for the neck and Cervical Ablation. The medical records provided for review do not indicate a medical necessity for EMG (electromyogram) of the right lower extremity. The MTUS recommends EMG to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines states, states that EMG can be used as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The Medical records indicate the injured worker has not had physical therapy for the back. The requested treatment is not medically necessary due to lack of documented evidence of failed conservative treatment for the low back.