

Case Number:	CM15-0030934		
Date Assigned:	02/24/2015	Date of Injury:	12/26/2014
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male injured worker suffered and industrial injury on 12/26/2014. The diagnoses were cervical sprain/strain, shoulder sprain/strain, and internal derangement of the left knee. The treatments were medications. The treating provider reported frequent headaches, nausea and dizziness with intermittent pain in the neck, low back and shoulders. On exam, the cervical spine had spasms and tenderness. There were impingement signs in the shoulders. There was left knee tenderness The Utilization Review Determination on 2/4/2015 non-certified: 1. EMG/NCV bilateral upper and lower extremities, MTUS, ACOEM, ODG 2. MRI of neck, bilateral shoulders, low back, left knee, brain, MTUS, ACOEM, and ODG

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper and lower extremities: Upheld

Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262. Decision based on Non-MTUS Citation Official disability guidelines foot/ankle chapter, EMG studies.

Decision rationale: The patient complains of cervical spine pain, rated at 5/10, upper back pain, rated at 6/10, headaches, rated at 4/10, bilateral shoulder pain, rated at 3/10, low back pain, rated at 6/10, leg pain, rated at 3-5/10, feet pain, rated at 3/10, along sleep disturbances, stress and anxiety, as per progress report dated 01/20/15. The request is for EMG/NCV BILATERAL UPPER AND LOWER EXTREMITIES. The RFA for the case is dated 01/20/15, and the patient's date of injury is 12/26/14. Medications include OTC Advil and Tylenol. Diagnoses included cervical sprain, derangement of the shoulder joint, lumbar radiculopathy, and internal derangement of the knee. The patient is temporarily totally disabled, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, only one progress report has been provided for review and it does not document prior EMG/NCV. An electrodiagnostic study report dated 01/27/15, after the RFA date, has been provided for review indicating that the patient has already undergone the testing. The report confirmed the diagnosis of acute cervical radiculopathy. As per the progress report dated 01/20/15, the patient suffers from localized back pain and neck pain that travels to upper back, scapula and shoulders. It also produces numbness and tingling in his shoulders and arms. While radicular symptoms in the upper extremities support the need for an EMG/NCV study, the purpose of EMG/NCV for bilateral lower extremities is not evident as the patient has already been diagnosed with lumbar radiculopathy and the low back pain is currently localized. Hence, the request for EMG/NCV of bilateral upper and lower extremities IS NOT medically necessary.

MRI of neck, bilateral shoulders, low back, left knee, brain: Upheld

Claims Administrator 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).

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 chapter 'Shoulder (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)' chapter 'Knee & Leg (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)' chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)' chapter 'Lower back: Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)' chapter 'Head' and topic 'MRI'.

Decision rationale: The patient complains of cervical spine pain, rated at 5/10, upper back pain, rated at 6/10, headaches, rated at 4/10, bilateral shoulder pain, rated at 3/10, low back pain, rated at 6/10, leg pain, rated at 3-5/10, feet pain, rated at 3/10, along sleep disturbances, stress and anxiety, as per progress report dated 01/20/15. The request is for MRI OF NECK, BILATERAL SHOULDERS, LOW BACK, LEFT KNEE, BRAIN. The RFA for the case is dated 01/20/15, and the patient's date of injury is 12/26/14. Medications include OTC Advil and Tylenol. Diagnoses included cervical sprain, derangement of the shoulder joint, lumbar radiculopathy, and internal derangement of the knee. The patient is temporarily totally disabled, as per the same progress report. ODG guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', has the following to say "Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy." ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', recommend MRIs for acute trauma and non-traumatic cases as well. ACOEM Guidelines, chapter 8, page 177 and 178, state "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 who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back: Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. ODG guidelines, chapter 'Head' and topic 'MRI (magnetic resonance imaging)', states that MRI is indicated for "To determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous trauma or disease." In this case, only one progress report has been provided for review. The progress reports does not document prior MRIs. As per report dated 01/20/15, the patient suffers from significant pain in neck, bilateral shoulders, and low back. He also suffers from headaches but there is no indication of pain and discomfort in the left knee to indicate a left knee MRI. There is lack of discussion regarding failure of conservative care. There is no indication of neurological deficit in the lumbar spine to warrant a lumbar MRI. Additionally, the patient has not experienced acute

brain trauma or loss of consciousness to justify an MRI of the brain. Hence, the request IS NOT medically necessary.