

Case Number:	CM15-0047418		
Date Assigned:	03/19/2015	Date of Injury:	05/13/2013
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53-year-old male who sustained an industrial injury on 5/13/13 resulting in a low back injury. Of note on 2/10/14, he suffered a second injury. He currently complains of stiffness and spasms secondary to low back pain with radiating pain to bilateral lower extremities. He experiences sleep disturbances. Medications include Ultram and Lidoderm patch. Diagnoses include lumbar discopathy; medial and lateral right epicondylitis; right carpal adhesions due to trauma. Treatments to date include physical therapy, back brace, physical therapy, ice, heat and medications. Diagnostics include MRI of the right elbow, right wrist (8/1/14); x-ray of the right hand, lumbar spine, right elbow (10/20/14). In the progress note dated 1/23/15 the treating provider requested electromyography/ nerve conduction study of lower extremities, MD consult and MRI right elbow as the injured worker continues to experience tenderness with weakness to right upper extremity, mainly on medial and lateral elbow regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, 272.

Decision rationale: According to the guidelines, an EMG or NCV is indicated for detection of ulnar impingement after failure of conservative therapy. It is not indicated in evaluation of nerve entrapment in those without symptoms. It may be used to distinguish radial entrapment from epicondylitis in those where physical exam is equivocal. In this case, the claimant had tenderness and weakness in the medial and lateral aspect of the right elbow. Based on the exam findings and guidelines, the request for bilateral upper extremity EMG/NCV is not medically necessary.

MD Consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter and Office visits, page 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the request for an MD consult did not indicate the specialty or need for referral. There was no uncertainty note in the diagnosis and treatment plan. Therefore, this request is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to the guidelines, an MRI of the elbow is recommended for ulnar collateral ligament tears. It is not indicated for suspected epicondalgia. In this case, the claimant had elbow pain and a diagnosis of epicondylitis. There was no clinical indication that the symptoms were due to a ligament tear. As a result, the request for an MRI of the elbow is not medically necessary.