

Case Number:	CM15-0056316		
Date Assigned:	04/01/2015	Date of Injury:	12/16/2014
Decision Date:	05/18/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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 injured worker is a 44 year old female, who sustained an industrial injury on 12/16/2014. She reported striking her head and left hand exiting a forklift. The injured worker was diagnosed as having blunt head trauma, cervical sprain/strain, lumbar sprain/strain and left hand contusion. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 12/23/2014, the injured worker complains of neck pain, low back pain and left hand pain. The treating physician is requesting a magnetic resonance imaging of the lumbar spine and electromyography (EMG) /nerve conduction study of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Overturned

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

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 (ODG) ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs).

Decision rationale: The patient presents with low back pain. The request is for an MRI OF THE LUMBAR SPINE. The provided RFA is dated 03/11/15 and the patient's date of injury is 12/16/14. The patient was diagnosed as having blunt head trauma, cervical sprain/strain, lumbar sprain/strain and left hand contusion. Per 03/26/15 report, physical examination revealed tenderness and spasm in the lumbar paravertebrals, gluteus and SI joint bilaterally. The sacroiliac joints and sciatic notches are tender bilaterally. The straight leg raise test is positive bilaterally with radiation to the bilateral posterior thighs. There is decreased range of motion with left lateral bending limited to 16 degrees and extension limited to 9 degrees. The patient has an antalgic gait and Lasegue's is positive bilaterally. Treatment to date has included physical therapy and medication management. The patient is working on modified duty. 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 MRI's are indicated only if there has been progression of neurologic deficit. Per 03/26/15 report, treater states, "I am requesting for MRI of the lumbar spine to assess possible neurological deficiencies and possible disc bulging." In this case, there is no evidence to suggest a prior MRI of the lumbar spine. The patient remains symptomatic in spite of conservative care. Physical examination revealed there is radiation of pain in the posterior thigh with a positive straight leg raise and Lasegue's. Given the neurological deficit, an MRI of the lumbar spine is reasonable and IS medically necessary.

EMG (electromyography)/NCV (nerve conduction velocity) of the cervical spine:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision rationale: Based on the 03/26/15 progress report provided by treating physician, the patient presents with neck pain rated 8/10 that radiates to shoulders, and left hand pain rated 4/10. The request is for EMG (ELECTROMYOGRAPHY) NCV (NERVE CONDUCTION VELOCITY) OF THE CERVICAL SPINE. RFA not provided. Patient's diagnosis on 03/26/15 included cervical spine and left wrist musculoligamentous sprain/strain, and left hand contusion. Physical examination to the cervical spine on 03/26/15 revealed tenderness in the spinous processes at C5-6, with decreased range of motion and pain and spasm with right lateral bending. Examination to the wrist revealed decrease range of motion, and significant loss in grip strength bilaterally. Treatment to date included physical therapy, x-rays, brace for left hand, medications and work restrictions. The patient is temporarily totally disabled and not working, per 03/26/15 progress report. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and

Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." 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." Per progress report dated 03/26/15, treater states "I am requesting authorization for an EMG/NCV study of the bilateral upper extremities to determine the cause of the grip strength muscle weakness." Given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCS studies appear reasonable and in accordance with guidelines. There is no evidence that patient had prior upper extremity electrodiagnostic studies done. Therefore, the request IS medically necessary.