

Case Number:	CM14-0129133		
Date Assigned:	09/22/2014	Date of Injury:	03/07/2014
Decision Date:	11/04/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old male who reported an injury when he fell off a ramp attached to a truck when the driver moved the truck forward on 03/07/2014. On 05/28/2014, his diagnoses included: cervical spine sprain/strain, rule out herniated nucleus pulposus; thoracic spine sprain/strain, rule out herniated nucleus pulposus; lumbar spine sprain/strain, rule out herniated nucleus pulposus; right shoulder sprain/strain, rule out internal derangement; right elbow sprain/strain, rule out internal derangement; right wrist sprain/strain, rule out internal derangement; right hand sprain/strain rule out internal derangement; right hip sprain/strain, rule out internal derangement; right knee sprain/strain, rule out internal derangement; right foot sprain/strain, rule out internal derangement; and right ankle sprain/strain, rule out internal derangement. His complaints included pain of the cervical, thoracic, and lumbar spine, right shoulder, elbow, wrist, hand, hip, knee, ankle and foot, rated at 4/10 through 9/10. He complained of constant body pain associated with numbness and tingling of the bilateral upper and lower extremities with radiculopathy. The pain increased with sitting, standing, walking and activities of daily living. He stated that his right shoulder pain was greater than the rest of the pain in his body. The pain was decreased with medication and therapy. On 04/30/2014, his treatment plan included MRIs of the cervical spine, lumbar spine, right elbow, right wrist, right knee, and right ankle as well as medications and physical therapy. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hip: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, MRI (magnetic resonance imaging).

Decision rationale: The request for MRI of the right hip is not medically necessary. The Official Disability Guidelines recommend MRIs for the hip in cases of avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should be in general the first imaging technique employed following plain films. There are no x-rays of the right hip included in the submitted documentation. The clinical information submitted failed to meet the evidence based guidelines for MRI of the right hip. Therefore, this request for MRI of the right hip is not medically necessary.

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for electromyography (EMG) bilateral upper extremities is not medically necessary. The California ACOEM Guidelines note that electromyography is not recommended for a diagnosis of nerve root involvement if findings of history, physical exam and imaging studies are consistent. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injections. There was no evidence in the submitted documentation that this injured worker was a surgical candidate or was scheduled for epidural steroid injections. The need for EMG of the upper extremities was not clearly demonstrated in the submitted documentation. Additionally, this injured worker had symptoms only on his right side. There was no justification for a request for bilateral examination. Therefore, this request for electromyography (EMG) bilateral upper extremities is not medically necessary.

Nerve conduction velocity (NCV) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for nerve conduction velocity (NCV) bilateral upper extremities is not medically necessary. The California ACOEM Guidelines recommend that nerve conduction velocity study is not recommended for all acute, subacute and chronic hand, wrist and forearm disorders. The guidelines do not support this request. Additionally, this injured worker had symptoms only on his right side. There was no justification for a request for bilateral examination. Therefore, this request for nerve conduction velocity (NCV) bilateral upper extremities is not medically necessary.

Electromyography (EMG) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 710-711.

Decision rationale: The request for electromyography (EMG) bilateral lower extremities is not medically necessary. The California ACOEM guidelines recommend assessment of patients which should include general observations, including changes in position, stance and gait, a regional examination of the spine, neurological examination, testing for nerve root tension and monitoring pain behavior during range of motion as a clue to the origin of the problems. The guidelines further recommended the importance of determining whether or not there is nerve root compromise. Needle, not surface electromyography, is acceptable, but a positive diagnoses of radiculopathy requires the identification of neurogenic abnormalities in 2 or more muscles that share the same nerve root innervation but differ in their peripheral nerve root supply. There was no evidence in the submitted documentation of a neurological examination for testing for nerve root tension. There was no range of motion examinations in the documentation. Additionally, the request did not specify needle, rather than surface, electromyography. The clinical information submitted failed to meet the evidence based guidelines for EMG. Additionally, this injured worker had symptoms only on his right side. There was no justification for a request for a bilateral examination. Therefore this request for electromyography (EMG) bilateral lower extremities is not medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for nerve conduction velocity (NCV) bilateral lower extremities is not medically necessary. The California ACOEM Guidelines recommend for patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings, such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnoses and assist reconditioning. Stress fractures may have a

benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or bone scan may be ordered. Imaging findings should be correlated with physical findings. Additionally, this injured worker had symptoms only on his right side. There was no justification for a request for bilateral examination. The clinical information submitted failed to meet the evidence based guidelines for NCV. Therefore, this request for nerve conduction velocity (NCV) bilateral lower extremities is not medically necessary.

Acupuncture visits 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture visits 2 x 4 is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Functional improvement should be noted in 3 to 6 visits. The requested 8 visits exceeds the recommendations in the guidelines. This worker was not reducing or intolerant of his medications. Additionally, the body part, or parts, to have been treated were not identified in this request. Therefore, this request for acupuncture visits 2 x 4 is not medically necessary.

Pain management consult.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for pain management consult is not medically necessary. The California ACOEM guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medication usage and referral. It was noted in the submitted documentation that this injured worker experienced decrease in pain with his medications and therapy. It also noted mild improvement with range of motion on the wrist, hand and knee. The need for a referral to a pain management specialist was not clearly demonstrated in the submitted documentation. Therefore, this request for pain management consult is not medically necessary.