

Case Number:	CM14-0139723		
Date Assigned:	09/05/2014	Date of Injury:	03/01/2011
Decision Date:	10/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine and is licensed to practice in California. 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:

Patient has a reported date of injury on 3/1/2011. Mechanism of injury is described as a fall down stairs and from cumulative trauma. Patient has a diagnosis of cervical sprain, shoulder joint derangement, lateral epicondylitis, carpal tunnel syndrome, lumbar sprain/strain and internal derangement of knee. Medical reports reviewed last report available until 7/17/14. Patient complains of neck pain radiating to upper back and shoulders. Also complains of shoulder pains radiating to elbows and hands/wrists. Also has low back pain radiating down legs worsened with movement. Also has bilateral knee pains, insomnia and depression. Objective exam reveals neck tenderness with paraspinal spasms. Range of motion (ROM) is mildly decreased. Strength to arms is normal, negative cervical compression and Spurling's. Shoulder exam who's generalized decreased ROM especially on left side. Positive impingement sign bilaterally. Elbow is positive for Cozen's bilaterally and negative for Tinel's. Wrist exam showed reduced sensation along bilateral median nerve distribution with positive Tinel's and negative Finkelstein's bilaterally. Exam of back was benign except for mildly decreased ROM. Normal strength and sensation, "positive" bilateral sitting straight leg raise with normal heel and toe walking, normal strength. Knee exam was normal. No tenderness. Full ROM. Knee is stable except for positive left McMurray's. Tests were requested because "patient has not had any recent diagnostic studies...symptoms persist and warrant further evaluation." EMG from 2/2/12 revealed bilateral carpal tunnel syndrome. MRIs and nerve studies were reportedly done in the past but the findings and reports were not provided for review. Medications include diabetes and blood pressure medications. Patient was prescribed Naproxen, Carisoprodol and Omeprazole. Patient has undergone physical therapy and injections in the back. Independent Medical Review is for EMG/NCS bilateral lower extremities and "MRI of left shoulder left Knee, Neck and Lumbar spine." Prior UR on 8/4/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Lower 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 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 377.

Decision rationale: EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There is no motor or sensory dysfunction noted. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.

MRI Of Left Shoulder, Left Knee, Neck and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178 303.

Decision rationale: The requesting provider has decided to request multiple MRIs, despite all requiring different criteria and guidelines, as 1 request. This Independent Medical Review will consider that if 1 requested test is not medically necessary, then the entire request will be deemed not medically necessary. 1) As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Symptoms has been stable, there is no plan for any invasive procedure. There is no documentation of worsening symptoms. The neurological exam is benign. Cervical Spine MRI is not medically necessary. 2) As per ACOEM Guidelines, Lumbar MRIs are not recommended unless there are red flag findings or that it may somehow aid in management. Patient has known lumbar spine disease from prior MRI and has extensive workup and treatment. There are no noted reasoning for MRI request with no plans for invasive procedure or surgeries. The requesting provider decided to order test because patient had not had a recent diagnostic testing which is not a valid reason for a stable pathology. MRI of Lumbar spine is not medically necessary. 3) Knee and Shoulder guidelines are the same and do not meet

criteria. None of the tests meet any criteria as per ACOEM guidelines. The requested MRIs are not medically necessary.