

Case Number:	CM14-0160364		
Date Assigned:	10/03/2014	Date of Injury:	10/03/2012
Decision Date:	11/04/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Pain 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:

The injured worker is a 41 year old female who reported an injury on 10/03/2011. The mechanism of injury was repetitive activities. Her diagnoses include bilateral wrist rule out radiculopathy versus carpal tunnel syndrome and rule out lumbar herniated nucleus pulposus. Her past treatments included acupuncture, chiropractic visits, Lidoderm 5% patches and other medication. On 9/2/2014, the injured worker complained of bilateral wrist numbness and a decrease in activities of daily living because of limited range of motion in the lower back. On physical examination the same day, the injured worker showed positive Tinel's and positive Phalen's in the bilateral wrists. The physical examination findings related to the low back included a positive left straight leg raise test. The medications listed on the documentation included Lidoderm 5% patch, Soma 350mg, and Ambien 10mg. She was recommended for an MRI of the lumbar spine, electrodiagnostic studies (EMG/NCS) of the upper extremities, and continued chiropractic visits. The rationale for the EMG/NCS bilateral upper extremities was to rule out radiculopathy versus carpal tunnel syndrome. The rationale for the MRI of the lumbar spine was to rule out herniated nucleus pulposus. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Upper Extremities: 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 268-269,177-179.

Decision rationale: The request for EMG/NCS bilateral upper extremities is not medically necessary. The injured worker was noted to complain of right shoulder pain and stiffness. The California MTUS/ACOEM Guidelines state that in cases of peripheral nerve impingement, if there is no improvement or worsening after four to six weeks of conservative care, electrical studies may be indicated. The guidelines also state electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in injured workers with neck and arm symptoms, or both, lasting more than three or four weeks. The injured worker was recommended for electrodiagnostic studies to rule out radiculopathy versus carpal tunnel syndrome. She was noted to have a positive Tinel's and Phalen's at the wrists bilaterally. However, there is no evidence to support radiculopathy from the neck. There were no subjective reports of neck pain. There was no documentation of significant objective neurologic deficits to include weakness in the upper extremities. There was also no documentation showing that she tried and failed an adequate course of conservative care, to include physical therapy and bracing, for at least 4-6 weeks. In the absence of findings suggestive of radiculopathy, EMG is not supported. NCS is also not warranted at this as there is insufficient evidence of appropriate initial care. Consequently, the request for EMG/NCS Bilateral Upper Extremities is not medically necessary.

MRI LS Spine: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI LS Spine is not medically necessary. The injured worker complained of lumbar spine pain. There was lack of documentation regarding the nature of the injured workers' low back pain and significant neurological deficits related to the lower spine. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker was noted to have low back pain, but there was no evidence of radiating symptoms into either lower extremity. There was no documentation of objective neurological deficits with strength or sensation in the lower extremities on examination to support the need for an MRI. Additionally, there was no documentation showing that she had tried and failed an adequate course of conservative care, to include physical therapy. There was a lack of documented evidence regarding evaluation with plain radiographs, which would be the first step in diagnostic

imaging prior to consideration of MRI. In the absence of this information, an MRI is not supported. As such, the request for MRI LS Spine is not medically necessary.