

Case Number:	CM14-0162752		
Date Assigned:	10/07/2014	Date of Injury:	07/22/2010
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/02/2014

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 and 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:

This is a patient with a date of injury of 7/22/10. A utilization review determination dated 9/12/14 recommends non-certification of MRIs, EMG/NCV, and additional chiropractic. 9/4/14 medical report identifies pain in the neck, left shoulder, elbow, wrist, knee, and ankle, as well as low back pain. Radicular pain is associated with numbness and tingling. Low back pain travels through the leg to the calf with numbness and tingling in the left foot. She has popping, locking, giving way, and weakness in the left knee and describes instability in the left ankle. On exam, there is tenderness and unquantified limited ROM in all of these areas. The patient reports benefit from chiropractic therapy. Orthopedic extremity specialist evaluation and treatment was also recommended. The provider also recommended multiple MRIs and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical MRI, CA MTUS and ACOEM support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no indication of any red flags, objective neurologic deficits, or another clear rationale for an MRI. In the absence of such documentation, the requested cervical MRI is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and 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. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam or another clear rationale for the MRI. In the absence of such documentation, the currently requested lumbar MRI is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 13-1 and 13-3.

Decision rationale: Regarding the request for MRI left knee, CA MTUS and ACOEM state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no documentation of locking, catching, or objective evidence of ligament injury on physical exam. The patient has some subjective complaints of mechanical symptoms, but there are no exam findings consistent with internal derangement and further evaluation by orthopedics with regard to this condition has apparently been recommended, which

may provide further evidence to suggest whether or not advanced imaging is necessary. In light of the above issues, the currently requested MRI is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209.

Decision rationale: Regarding the request for MRI of the left shoulder, CA MTUS and ACOEM state that primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear); and To further evaluate the possibility of potentially serious pathology, such as a tumor. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms. Within the documentation available for review, there is only tenderness and unquantified limited ROM noted, with no findings suggestive of internal derangement or another condition for which an MRI would be indicated. Further evaluation by orthopedics with regard to this condition has apparently been recommended, which may provide further evidence to suggest whether or not advanced imaging is necessary. In light of the above issues, the currently requested MRI is not medically necessary.

EMG/NCV of the 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 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for EMG/NCV of bilateral upper extremities, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying focal neurologic

deficits, as only tenderness and unquantified limited ROM are described. In light of the above issues, the currently requested EMG/NCV of bilateral upper extremities is not medically necessary.

EMG/NCV of the 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. Decision based on Non-MTUS Citation Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of focal neurologic dysfunction suggestive of radiculopathy and/or peripheral neuropathy. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.

Additional chiropractic treatment twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic treatment, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, while prior treatment was said to be beneficial, there is no clear evidence of objective functional improvement with prior treatment. In the absence of such documentation, the currently requested chiropractic treatment is not medically necessary.