

Case Number:	CM14-0115511		
Date Assigned:	08/04/2014	Date of Injury:	06/08/2009
Decision Date:	01/28/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 42-year-old female. Date of injury is 6/8/2009. The mechanism of injury was a fall. Per Pain Medicine progress note of 2/11/2014 the worker was 7 months pregnant. Subjective complaints included neck pain and low back pain. Pain level was 9/10 with medication and 10/10 without medication. On examination she was tender to palpation in the cervical and lumbosacral area. Range of motion of the lumbar spine was moderately limited. Progress notes indicate that EMG and nerve conduction study of 10/14/2011 revealed moderate degree of right median sensory neuropathy at the wrist. The left median and bilateral ulnar nerves were normal. There was normal electromyography of all muscles tested. There was no evidence of cervical or lumbosacral radiculopathy. The diagnoses included chronic pain, cervical radiculopathy, lumbar radiculopathy, right hip pain, myositis/myalgia, right-sided trochanteric bursitis, obesity, and herniated nucleus pulposus, lumbar spine. She had a moderate degree of clinical insomnia. The primary treating physician's progress report dated 2/21/2014 indicates severe pain in her hip, low back, buttocks, thigh, neck, bilateral shoulders down to the fingers and low back. She complained of numbness and tingling of both upper extremities. There was constant bilateral elbow pain. She had pain in both wrists and hands. She complained of right knee pain. On examination she weighed 255 pounds and was 5 feet 6 inches tall. There was tenderness to palpation in the cervical paraspinals, bilateral trapezii, right shoulder, right elbow, right wrist and hand. In addition she was tender over the right hip and right knee. Per examination of June 13, 2014 she delivered in April 2014. She was complaining of headaches, neck pain, bilateral shoulder and arm pain down to the fingers with numbness and tingling of both upper extremities and decreased range of motion. She also complained of low back pain radiating to both lower extremities. There was constant right hip pain and right knee pain. She weighed 243 pounds. Examination revealed tenderness to palpation in the cervical area, right

shoulder, right elbow right wrist, and lumbar area, right hip and right knee. Authorization was requested for MRI scans of cervical spine and lumbar spine, carpal tunnel release surgery for the right hand, preoperative labs and 12 sessions of postoperative occupational therapy twice a week for 6 weeks. The documentation indicates prior MRI scans of cervical and lumbosacral spine although the reports are not included. The cervical MRI was said to reveal bulging disks at C4-5 and C5-6 and C6-7. Per progress notes the lumbar MRI revealed grade 1 spondylolisthesis at L5-S1 with a 4 mm posterior bulge and a 8 mm protrusion at L4-5 extending to the right neural foramen. The date of the MRI scan is not reported. The electrodiagnostic study is not submitted. Utilization review noncertified the requests for cervical and lumbar MRIs and the carpal tunnel surgery on the right citing California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: California MTUS guidelines indicate special studies such as MRI scans when there is emergence of a red flag or physiologic evidence of tissue insults or neurologic dysfunction such as a radiculopathy or if there is failure to progress in a strengthening program intended to avoid surgery or clarification is needed prior to a surgical procedure. The electromyography was reported to be negative for radiculopathy. Objective findings of radiculopathy are not documented. The symptoms are bilateral and widespread involving the spine and all 4 extremities. Multiple tender areas are noted. There is a history of headaches. There was an exacerbation noted during pregnancy. There is a history of sleep disturbance. The symptoms are suggestive of a widespread chronic pain syndrome akin to fibromyalgia. The documentation does not indicate focal neurologic deficit. There was a prior MRI scan reported although the date of the scan is not documented. A repeat study without evidence of neurologic dysfunction is not indicated per guidelines. In light of the above, the request for an MRI scan of the cervical spine is not supported and as such, the medical necessity is not established. The request is not medically necessary.

MRI of 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: California MTUS guidelines recommend special studies such as MRI scans in the presence of unequivocal objective findings that identify specific nerve root compromise on neurologic examination or if there is progression of neurologic deficit. The documentation indicates the finding of spondylolisthesis on a prior MRI scan. No objective neurologic deficit is documented on examination. Electromyography was negative for radiculopathy. The guidelines indicate imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. In light of the history of chronic generalized pain and no documentation of focal neurologic deficits, such as dermatomal sensory deficit or motor weakness or a deep tendon reflex change, a repeat MRI scan of the lumbar spine is not supported by guidelines and as such, the medical necessity of the request is not established. The request is not medically necessary.

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-264, 270.

Decision rationale: The California MTUS guidelines indicate symptoms of pain, numbness and tingling in the hands are common in the general population but based on studies only one in 5 would be expected to have carpal tunnel syndrome. The injured worker has a history of neck pain and bilateral upper extremity pain with associated tender points. The nerve conduction study revealed only sensory involvement of the right median nerve. Although symptoms were similar on the left side, the left side was normal. Electromyography was negative for denervation. The distal motor latency of the right median nerve was not prolonged. Objective physical findings were not documented. There was tenderness noted and Phalen's was positive. However, the remaining testing including a Katz hand diagram, Tinel's sign, Semmes-Weinstein test, Durkan's test, the square wrist sign, the flick sign, static 2 point discrimination greater than 6 mm, thenar atrophy, etc. were not documented. Conservative treatment with night splints, corticosteroid injections into the carpal tunnel and physical therapy has also not been documented. The guidelines recommend surgical considerations if there is failure to respond to conservative management and there is clear clinical and specialized study evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical intervention. The guidelines indicate that patients with mild carpal tunnel symptoms don't do well with surgery and those with moderate or severe symptoms tend to do much better. Based upon the above guidelines, the request for a right carpal tunnel release is not supported and as such, the medical necessity of the requested procedure is not established. Therefore the request is not medically necessary.

Associated Services: Pre-Operative Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-264, 270.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Services: 12 Sessions of Post-Operative Occupational Therapy 2 Times a Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-264, 270.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.