Case Number:	CM14-0137941		
Date Assigned:	09/05/2014	**Date of Injury:**	01/14/2013
Decision Date:	06/30/2015	**UR Denial Date:**	08/14/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Anesthesiology

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 51 year old male, who sustained an industrial injury on 1/14/13. The injured worker was diagnosed as status post right distal radius external fixation with subsequent malunion, status post right ankle surgery, right shoulder sprain/strain, low back strain/sprain and complaints of depression, anxiety and sleep difficulty. Treatment to date has included right ankle surgery, right distal radius external fixation, oral medications, physical therapy and home exercise program. Currently, the injured worker complains of constant right hand pain rated 4/10 with radiation to right elbow and right shoulder with numbness and tingling and lower back pain rated 4/10 with radiation to bilateral lower extremities greater on right leg with numbness and tingling to right lower extremity. He is currently not working. Physical exam noted an antalgic gait and ambulation with a walker, cervical spine muscle guarding/spasm, painful range of motion, tenderness to paraspinal musculature, decreased sensation to light touch and right hand and wrist with healed scar and diffuse tenderness; guarding and muscle spasm of lumbar spine with painful range of motion and tenderness to palpation of bilateral paraspinal musculature and decreased sensation to light touch at posterior thigh and mild edema of bilateral ankles with well healed scars and unable to walk heel and toe due to right ankle injury. The treatment plan included request for authorization for (MRI) magnetic resonance imaging of cervical spine, lumbar spine, bilateral shoulders, right wrist and right foot/ankle, (CT) computerized tomography scan of right wrist and (EMG) Electromyogram/(NCV) Nerve Condition Velocity of bilateral upper and lower extremities.

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 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, (Acute & Chronic).

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

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per the ODG, an MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is no indication that the patient had plain films of the cervical spine and there are no new neurologic findings on physical exam to warrant an MRI study. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI of the Lumbar Spine Page(s): 304.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for an MRI of the lumbar spine. The patient has chronic low back pain but there are no subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence, and there are no new neurologic findings on physical exam. Therefore, there is no specific indication for an MRI of the lumbar spine. Medical necessity for the requested MRI has not been established. The requested imaging study is not medically necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of Shoulders.

Decision rationale: According to the ODG, an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, subacute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no discussion of surgery or emergence of any red flag findings on exam to warrant another (second) MRI of the right shoulder. Medical necessity for the requested MRI is not established. The requested study is not medically necessary.

NCV/EMG of the bilateral of upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

Decision rationale: The request for diagnostic test EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the request for the nerve conduction study. Given the above, the request for the diagnostic EMG/NCV of bilateral upper extremities is not medically necessary.

NCV/EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

Decision rationale: There is no documentation provided necessitating NCV/ EMG testing of both lower extremities. According to the ODG, EMG (Electromyography) and nerve conduction

studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there was no documentation of radiculopathy or possible nerve involvement of any kind in the lower extremities. Medical necessity for the requested testing has not been established, as guideline criteria have not been met. The requested testing is not medically necessary.

MRI of the right foot and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Computerized Tomograpghy (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the ankle and foot.

Decision rationale: According to the ODG, magnetic resonance imaging (MRI) provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. In a symptomatic patient with ligamentous and chondral pathology in the ankle, negative results on MRI must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. MRI reliably detects acute tears of the anterior talofibular ligament and calcaneo-fibular ligament. After acute trauma, MRI is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotic ligaments. In this case, the patient has had moderate right ankle edema and some loss of strength. However, there is no documented evidence of suspected tendonopathy or osteochondral injury. In addition, there is no evidence of recent plain films to assess the ankle or foot. Medical necessity for the requested MRI has not been established. The requested MRI is not medically necessary.

CT scan of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT wrist.

Decision rationale: According to the ODG, indications for computed tomography (CT) of the wrist include: acute hand or wrist trauma, scaphoid fracture on films, concern for displacement or age of the fracture; acute hand or wrist trauma, comminuted distal radius fracture, suspected

incongruity of joint; if distal radioulnar joint subluxation is suspected, if provider suspects metacarpal fracture or dislocation, if strong clinical concern exists following negative or equivocal plain film; chronic wrist pain, pain for more than 3 weeks, if provider suspects an occult fracture possibly hamate, with non-diagnostic plain films. In this case, there is no indication that the specific criteria, according to evidence-based guidelines, have been met. Medical necessity for a CT scan of the right wrist has not been established. The requested CT scan of the right wrist is not medically necessary.