

Case Number:	CM15-0015975		
Date Assigned:	02/04/2015	Date of Injury:	04/09/2010
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on April 9, 2010. She has reported a lower back injury. The diagnoses have included carpal tunnel syndrome, DeQuervain's tenosynovitis, left lower extremity sciatica, and low back pain. Treatment to date has included physical therapy, medications, a cane, a walker, injections, carpal tunnel release, and left wrist first dorsal compartment release. Currently, the IW complains of low back pain that radiates into the thoracic spine and down the left leg. She also complains of numbness of the lower back which she reports goes into the left leg down to the toes. She reports pain to the left wrist with pain radiation up to the left elbow. She reports having some numbness to the left wrist and numbness and tingling of the right thumb, index, and middle fingers. Physical findings are indicated to be positive for flicks sign, bruising over the right forearm, swelling of the right forearm, tenderness over the right thumb, tenderness over the left wrist, a positive Cozen's test of the left elbow, and positive Finkelstein's. On January 27, 2015, Utilization Review non-certified magnetic resonance imaging of the right and left hands and wrists, and magnetic resonance imaging of the lumbar spine, and electromyogram and nerve conduction velocity of both lower extremities; and approved certification of electromyogram and nerve conduction velocity of the right and left upper extremities, based on ACOEM, and MTUS guidelines. On January 28, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging of the right and left hands and wrists, and magnetic resonance imaging of the lumbar spine, and electromyogram and nerve conduction velocity of the right and left upper extremities, and electromyogram and nerve conduction velocity of both 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 lumbar spine: Overturned

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. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI

Decision rationale: This patient presents with left low back pain that radiates down the anterior and posterior aspect of the left leg. The current request is for MRI of the lumbar spine. Review of the utilization letter indicates that the patient was approved for an x-ray of the lumbar spine for further investigation and therefore denied the request for MRI of the lumbar spine. The utilization review states that "as per guidelines, a magnetic resonance imaging (MRI) be considered if x-rays are non-diagnostic and symptoms of radiculopathy and radiating pain persists." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG Guidelines provide a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The medical file provided for review does not discuss any prior imaging for the lower back. In this case, given the patient's continued low back pain that radiates into the lower extremities, with positive straight leg raise and decreased range of motion, an MRI for further investigation is medically necessary.

MRI of the left and right hands and wrists: 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): 268-269. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI

Decision rationale: This patient presents with continued low back pain that radiates into the anterior and posterior aspect of the left lower extremity. The patient also complains of left wrist pain that radiates up to the left elbow. There is also complaint of decreased sensibility to the right hand and nighttime numbness and tingling. The current request is for MRI of the left and right hands and wrists. ACOEM Guidelines chapter 11 page 268 to 269 has the following

regarding special studies and diagnostic and treatment considerations, "for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6-week period of conservative and observation." Given the patient's chronic condition, ODG Guidelines are consulted. For MRI of the hands/wrists, ODG Guidelines recommends magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. In this case, there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbock's disease to warrant an MRI of the hands/wrists. This request is not medically necessary.

EMG/NCV of the right and left upper and lower extremities: Overturned

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): 260-262. Decision based on Non-MTUS Citation low back chapter, NCV studies; EMG studies

Decision rationale: This patient presents with continued low back pain that radiates into the anterior and posterior aspect of the left lower extremity. The patient also complains of left wrist pain that radiates up to the left elbow. There is also complaint of decreased sensibility to the right hand and nighttime numbness and tingling. The current request is for EMG/NCV OF THE RIGHT AND LEFT UPPER AND LOWER EXTREMITY. The utilization review modified the certification and authorized the EMG/NCV of the upper extremities, but denied the EMG/NCV for the lower extremities stating that "EMG/NCV of the lower extremity is not medically necessary, inappropriate at this time pending the outcome of concurrently requested x-rays to determine whether these studies are still necessary." ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG Guidelines states that EMG is recommended as an option in selected cases. ODG further states regarding EDS in carpal tunnel syndrome, "recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurological dysfunction in patients with low back conditions lasting more than 3-4 weeks. ODG Guidelines has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG are not necessary if radiculopathy is already clinically obvious. ACOEM is silent on NCV testing of the lower extremity. ODG under the low back chapter regarding nerve conduction studies states, "not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." ODG Guidelines for electrodiagnostic studies (EDS), states "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back pain." There is no indication that prior EMG/NCV testing of the upper or lower extremities have been done. In this case, the patient continues to complain of upper and lower pain with radicular components. Further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. In this

case, the treating physician is unclear if radiculopathy is present and requesting diagnostic studies for clinical verification. The requested EMG/NCV of the upper and lower extremity is medically necessary.