

Case Number:	CM15-0111589		
Date Assigned:	06/19/2015	Date of Injury:	01/26/2015
Decision Date:	09/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on 1/26/15. He has reported initial complaints of neck, mid back and low back injuries after a slip and fall accident at work. The diagnoses have included cervical/thoracic and lumbar strain/contusion. Treatment to date has included medications, activity modifications, diagnostics, labs, physical therapy, pain management evaluation and other modalities. Currently, as per the physician progress note dated 3/4/15, the injured worker states that he is a little better as the Flexeril has helped and he has had some physical therapy sessions. He continues to have stiffness and pain in the neck, mid back and low back areas. The objective findings reveal that the myofascial tissues are tender and he has difficulty with sleeping. There are no other physical findings noted. The current medications included Motrin, Ophenadrine and Flexeril. The diagnostic testing that was performed included X-ray of the lumbar spine dated 4/3/15 reveals degenerative osteophytes scattered at T11 through L5. The X-ray of the cervical spine dated 3/20/15 reveals degenerative osteophytes at C3-C5 and C5 and C6 and calcifications. The X-ray of the thoracic spine dated 4/3/15 reveals scoliosis and degenerative osteophytes. There was also computerized axial tomography (CT scan) of the head and neck. The physician requested treatments included Range of motion test - once monthly, Magnetic Resonance Imaging (MRI) - cervical spine, Magnetic Resonance Imaging (MRI) - thoracic spine, Magnetic Resonance Imaging (MRI) - lumbar spine, electromyography (EMG) /nerve conduction velocity studies (NCV) - bilateral upper extremities, electromyography (EMG) /nerve conduction velocity studies (NCV) - bilateral lower extremities, and Solace inferential unit for cervical, thoracic, and lumbar spine - monthly rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion test - once monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: MTUS Guidelines address this directly and consider range of motion (ROM) evaluation/testing as an integral aspect of a musculoskeletal evaluation. This is considered a usual and customary aspect of medical services and evaluation for musculoskeletal problems. There are no unusual circumstances that would consider (ROM) measurements as a distinct service mandating authorization for approval. The request for Range of motion test - once monthly is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.

MRI - cervical spine: 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): 170-172, 177.

Decision rationale: MTUS Guidelines address this specific issue and the Guidelines do not support the medical necessity of a cervical MRI unless there is persistent and/or progressive neurological dysfunction, the presence of red flag health conditions, or to evaluate anatomy before an appropriate invasive procedure is planned. This individual does not meet any of these qualifying criteria. There is no documented neurological dysfunction. Prior X-rays revealed no red flag conditions and there is no criteria to support an invasive procedure at this point in time. The requested MRI-Cervical Spine is not medically necessary.

MRI - thoracic spine: 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): 170-172, 177.

Decision rationale: MTUS Guidelines address this specific issue and the Guidelines do not support the medical necessity of a thoracic MRI unless there is persistent and/or progressive neurological dysfunction, the presence of red flag health conditions, or to

evaluate anatomy before an appropriate invasive procedure is planned. This individual does not meet any of these qualifying criteria. There is no documented neurological dysfunction. Prior X-rays revealed no red flag conditions and there is no criteria to support an invasive procedure at this point in time. The requested MRI-Thoracic Spine is not medically necessary

MRI - lumbar spine: 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, 304.

Decision rationale: MTUS Guidelines address this specific issue and the Guidelines do not support the medical necessity of a lumbar MRI unless there is persistent and/or progressive neurological dysfunction, the presence of red flag health conditions, or to evaluate anatomy before an appropriate invasive procedure is planned. This individual does not meet any of these qualifying criteria. There is no documented neurological dysfunction. Prior X-rays revealed no red flag conditions and an there is no criteria to support an invasive procedure at this point in time. The requested MRI-Lumbar Spine is not medically necessary

EMG/NCV - 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): 170-172, 178.

Decision rationale: MTUS Guidelines do not support the medical necessity of electrodiagnostic testing unless there is reasonable medical evidence of persistent neurological dysfunction. The Guideline standards for neurological dysfunction is based on a combination of physical examination results and subjective complaints, which do not support any evidence of neurological dysfunction. The Guideline standards for neurological dysfunction is not met in this individual. There are no documented examination or medical history that supports the medical necessity of upper extremity of electrodiagnostic testing. The EMG/NCV - bilateral upper extremities is not supported by Guidelines and is not medically necessary.

EMG/NCV - 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): 294-295, 303.

Decision rationale: MTUS Guidelines do not support the medical necessity of electrodiagnostic testing unless there is reasonable medical evidence of persistent neurological dysfunction. The Guideline standards for neurological dysfunction is based on a combination of physical examination results and subjective complaints. The Guideline standards for neurological dysfunction is not met in this individual as no dysfunction is documented. There are no documented examination or medical history that supports the medical necessity of lower extremity of electrodiagnostic testing. The EMG/NCV - bilateral lower extremities is not supported by Guidelines and is not medically necessary.

Solace inferential unit for cervical, thoracic, and lumbar spine - monthly rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: MTUS Guidelines do not support a 1 month trial of any Interferential (IF) Unit unless that has been a successful application by a health care professions. There is no history of such an application that documents the amount of pain relief or length of pain relief and functional improvements during supervised application of an IF unit. There are no usual circumstances that would qualify for an exception to the Guideline recommendations. The request for the Solace inferential unit for cervical, thoracic, and lumbar spine - monthly rental is not supported by Guidelines and is not medically necessary.