

Case Number:	CM15-0145861		
Date Assigned:	08/06/2015	Date of Injury:	11/05/2014
Decision Date:	10/06/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency 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 58-year-old male who sustained an industrial injury on 11-5-2014. He was driving on the freeway and was rear ended while in a company vehicle. He has reported cervical spine pain and right knee pain and has been diagnosed with cervical spine musculoligamentous sprain strain with bilateral upper extremity radiculitis, bilateral digits strain, left elbow-triceps strain, bilateral forearm wrist flexor extensor tenosynovitis strain, thoracolumbar spine musculoligamentous sprain strain, and right knee strain, patellofemoral arthralgia with history of arthroscopy. Treatment has included medical imaging, medications, chiropractic care, home exercise program, and acupuncture. The cervical spine revealed tenderness to palpation with muscle guarding and spasm. Spurling's maneuver was positive bilaterally. Range of motion caused pain in all planes. The right knee revealed tenderness to palpation over the medial and lateral joint line. There was decreased range of motion with increased pain in all planes. The treatment plan included a home exercise program, MRI, EMG, ultrasound, psychiatric, rheumatology, and sleep consultations. The treatment request included MRI of the cervical spine, EMG, NCV, rheumatology consultation, and sleep consultation. An MRI of cervical spine dated 2/23/15 revealed C5-6 bony fusion and C4-5 and C5-6 degenerative changes and diffuse bony disease and osteophytes.

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, 182.

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

Decision rationale: As per ACOEM guidelines, indications for neck imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of prior conservative care. There is only 4 PT being done and prior notes that it was not complete. There is no documentation of worsening symptoms. There is no noted motor deficits. Patient already had an MRI done on 2/2015. There is no rationale or justification as to why patient requires another MRI of the cervical spine. MRI of cervical spine is not medically necessary.

Right upper extremity EMG: 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): 182.

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. Provider notes an MRI from 2/23/15 of cervical spine with various changes but notes no findings that is consistent with radiculopathy. Provider notes that there was a request for EMG/NCV report from outside hospital but this report was not provided and it is unclear when this prior tests was done. Patient has not undergone any significant conservative care with only 4 PT sessions notes. There is no rationale about why testing is requested for unchanged condition and how it may change management. EMG is not medically necessary.

Left upper extremity EMG: 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): 182.

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. Provider notes an MRI from 2/23/15 of cervical spine with various changes but notes no findings that is consistent with radiculopathy. Provider notes that there was a request for EMG/NCV report from outside hospital but this report was not provided and it is unclear when this prior tests was done. Patient has not undergone any significant conservative care with only 4 PT sessions notes. There is no rationale about why testing is requested for unchanged condition and how it may change management. EMG is not medically necessary.

Right upper extremity NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat routine evaluation of patients for nerve entrapment. It is recommended in cases where there is subtle signs of median or ulnar nerve entrapment. There is documentation of decreased sensation and weakness that correlates with potential median nerve entrapment but symptoms are chronic and unchanged from prior. Provider notes that there was a request for EMG/NCV report from outside hospital but this report was not provided and it is unclear when this prior tests was done. There is no documented conservative care of the wrist. There is no documentation of any wrist splints. NCV is not medically necessary.

Left upper extremity NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat routine evaluation of patients for nerve entrapment. It is recommended in cases where there is subtle signs of median or ulnar nerve entrapment. There is documentation of decreased sensation and weakness that correlates with potential median nerve entrapment but symptoms are chronic and unchanged from prior. Provider notes that there was a request for EMG/NCV report from outside hospital but this report was not provided and it is unclear when this prior tests was done. There is no documented conservative care of the wrist. There is no documentation of any wrist splints. NCV is not medically necessary

Rheumatology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Provider has failed to provide any detail concerning claims of sleep problem. There is not a single mention concerning any conservative care attempted thus far or any basic information concerning sleep issues. The request is not medically necessary.

Sleep consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Provider has failed to provide any detail concerning claims of sleep problem. There is not a single mention concerning any conservative care attempted thus far or any basic information concerning sleep issues. Not medically necessary.