

Case Number:	CM15-0167147		
Date Assigned:	09/11/2015	Date of Injury:	12/16/2013
Decision Date:	11/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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 41 year old female who sustained an industrial injury on 12-16-13. A review of the medical records indicates that she is currently undergoing treatment for bilateral carpal tunnel syndrome, bilateral hand contusions, chronic lumbago, lumbar strain, L4-5 disc degeneration, L1-2 left-sided disc extrusion, and internal derangement bilateral knees - left greater than right. Medical records (3-27-15 to 7-17-15) indicate ongoing complaints of bilateral carpal tunnel syndrome pain, bilateral knee pain, and mid to low back pain. All complaints have pain have worsened on the rating scale from 6-5-15 to 7-17-15. The effects on her activities of daily living are not available for review. The physical exam reveals decreased range of motion of bilateral wrists, the lumbar spine, and the left knee. She was noted to have a painful-type gait and was noted to use crutches for walking. She has received at least 6 sessions of chiropractic treatment and medications for muscle spasms. A facet injection had been requested, but was denied due to the requirement of a medial branch block to be completed prior to the injection. Diagnostic testing has included a lumbar MRI on 2-7-14, x-rays of bilateral knees on 3-27-15, and an MRI of the left knee on 4-21-15. The request for authorization (7-17-15) includes an EMG-NCV study of the bilateral upper extremities, EMG-NCV study of bilateral lower extremities, medial branch blocks from L4-L5 and L5-S1 bilaterally, a sleep study with evaluation by a sleep specialist for causation and discussion of treatment, a consultation with internal medicine or gastrointestinal specialist to discuss complaints of gastroesophageal disease and causation, treatment, and impairment secondary to possible NSAID use, a consultation with a psychiatrist, and an MRI of the right knee. The utilization review (7-30-15) denied all requests

with the following rationale: 1. EMG-NCV bilateral upper and lower extremities - "there is no neurological examination finding indicating motor or sensory or reflex deficits in either upper or lower extremities". 2. Bilateral medial branch blocks at L4-L5 and L5-S1 - "there is no documentation that conservative treatment has been provided" and "no documentation that the injured worker has pain with facet loading maneuvers to support the request". 3. Sleep study with evaluation by a sleep specialist - "there is no documentation that the injured worker has difficulty falling asleep or staying asleep" and "no documentation of how many hours of sleep per night the injured worker gets". 4. Consultation and treatment with internal medicine/GI specialist - "there is no description of what type of gastrointestinal difficulties the injured worker is having". 5. Consultation with a psychiatrist - "there is no documentation of what type of difficulties the injured worker is having". 6. MRI right knee - "there is no documentation that conservative treatment has been provided to the right knee".

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The request for diagnostic testing 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. In this case, there are no neurological examination findings indicating motor or sensory abnormalities in the upper extremities. Medical necessity for the requested studies is not established. The requested studies are not medically necessary.

EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Online Version, Nerve Conduction Studies (NCS).

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

Decision rationale: The request for diagnostic testing EMG/NCV for bilateral lower 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. In this case, there are no neurological examination findings indicating motor or sensory abnormalities in the lower extremities. Medical necessity for the requested studies is not established. The requested studies are not medically necessary.

Bilateral L4-L5 and L5-S1 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Medial branch blocks (MBBs) are accepted pain management interventional techniques. MBBs are not recommended except as a diagnostic tool and there is minimal evidence for treatment. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, there is no documentation of conservative treatment and there is no documentation that patient has pain with facet loading maneuvers. Medical necessity for the requested bilateral L4- L5 and L5-S1 medial branch blocks has not been established. The requested blocks are not medically necessary.

Sleep Study with Evaluation by a Sleep Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version, Polysomnography.

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

Decision rationale: According to the ODG, polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. In this case, there is no documentation of the number of hours of sleep per night the patient gets, how many nights per week the patient has difficulty with sleep, and how many weeks in succession the patient has had difficulty with sleep. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

Consultation and Treatment with an Internal Medicine/GI Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: According to the CA MTUS, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Internal Medicine/Gastroenterologist consultation. There is no evidence of radiculopathy or peripheral nerve entrapment. In this case, there is no documentation of any gastrointestinal issues requiring specialty evaluation. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Consultation with a Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

Decision rationale: According to the CA MTUS, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Psychiatry consultation. There is no documentation indicating the patient has depression or anxiety. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there is evidence of medical joint line tenderness and a positive McMurray's sign however there is no documentation there has been plain x-rays obtained of the right knee. Medical necessity for the requested MRI of the right knee has not been established. The requested study is not medically necessary.