

Case Number:	CM15-0021111		
Date Assigned:	03/19/2015	Date of Injury:	12/06/2012
Decision Date:	06/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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: Internal 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 29 year old female, who sustained an industrial injury on December 6, 2012. She has reported a slip and fall onto the ground and landing on her back. The diagnoses have included cervical strain, thoracic strain, lumbar strain, right shoulder strain, right elbow strain, right wrist strain and right hand strain. Treatment to date has included X-rays and prescription medication. Currently, the injured worker complains of upper back pain, neck, right shoulder/arm, right elbow/forearm and right wrist/hand pain. In a progress note dated December 15, 2014, the treating provider reports examination of the back diffuse tenderness to thoracic and lumbar, the elbow was normal, upper extremities, deformity/swelling in bilateral shoulders, elbow and wrist/hands, diffuse tenderness of the right shoulder and right wrist, and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212, 33, 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Neck Chapters, Electrodiagnostic Studies.

Decision rationale: Per MTUS, electrodiagnostic studies may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. Documentation provided indicates that the injured worker is diagnosed with cervical, right shoulder, elbow, wrist, and hand strain. Physician reports fail to show evidence of particular objective neurologic findings on physical examination to support the request for electrodiagnostic studies. The request for EMG of the upper extremity is not medically necessary.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Documentation provided shows that the injured worker has chronic neck pain. There is no physician report of definitive neurologic findings or red flags on physical exam that would meet the indication for additional imaging. The request for MRI of the cervical spine is not medically necessary per MTUS.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

Decision rationale: MTUS recommends x rays in patients with back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if

surgery is being considered 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. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. There is also lack of Physician report indicating that surgery is being considered. The request for MRI of the thoracic spine is not medically necessary per MTUS.

MRI of the 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): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered 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. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms of low back pain. There is also lack of Physician report indicating that surgery is being considered. The request for MRI study of lumbar spine is not medically necessary per MTUS.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered 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. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms of low back pain to support the medical necessity for repeat X-rays. The request for X-ray of the lumbar spine is not medically necessary per MTUS.

X-ray of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

Decision rationale: MTUS recommends x rays in patients with back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered 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. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms to support the medical necessity for additional imaging. The request for X-ray of the thoracic spine is not medically necessary per MTUS.

X-ray of the pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Replacement Chapter, X-ray.

Decision rationale: ODG recommends plain radiographs (X-Rays) of the pelvis in patients sustaining a severe injury in identifying patients with a high risk of the development of hip osteoarthritis. Documentation reveals that the injured worker has chronic multiple joint pain including Low back pain, dating back to two years prior to the requested service under review. Physician reports fail to show acute exacerbation of the injured worker's symptoms to support the medical necessity for additional imaging. The request for X-ray of the pelvis is not medically necessary per guidelines.

X-ray of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 33.

Decision rationale: MTUS recommends imaging studies of the elbow only after a period of conservative rehabilitation program. Furthermore, imaging should be performed only when there

is a presence of a red flag noted on history or examination, when the study results will substantially change the treatment plan and when there is evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and the patient agrees to undergo invasive treatment if the presence of the correctible lesion is confirmed. Documentation provided indicates that the injured worker is diagnosed with right elbow strain. There is no physician report of definitive neurologic findings or red flags on physical exam to support the medical necessity for additional imaging. The request for X-ray of the right elbow is not medically necessary per MTUS.