

Case Number:	CM15-0037020		
Date Assigned:	03/05/2015	Date of Injury:	11/17/2013
Decision Date:	06/18/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 64 year old female who sustained an industrial related injury on 11/17/14. The injured worker had complaints of neck, low back, right shoulder, and bilateral wrist pain. Physical examination findings included decreased cervical spine range of motion with midline paravertebral tenderness, full right shoulder range of motion with bilateral trapezius tenderness, questionably decreased median nerve sensation on the left, and decreased lumbar spine range of motion. A straight leg raise was positive and the injured worker walked with a waddling gait. Diagnoses included sprain of neck, sprain of lumbar region, tenosynovitis hand/wrist, cervical disc degeneration, and scoliosis. Treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three times weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neck Chapters - Physical Medicine.

Decision rationale: Per ODG guidelines, physical therapy is recommended as an option as follows. Lumbar sprains and strains 10 visits over 8 weeks. Sprains and strains of neck 10 visits over 8 weeks. Displacement of cervical intervertebral disc, medical treatment: 10 visits over 8 weeks. The request is for more physical therapy than is recommended. This request is not medically necessary.

Neuro consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 171-172, 296.

Decision rationale: Per ACOEM guidelines, physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The included physical examination does not document significant neurologic dysfunction. The request is not medically necessary.

EMG/NCV of the upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neck, Arm & Wrist, Carpal Tunnel Syndrome Chapters - EMGs (electromyography) & Electrodiagnostic studies (EDS).

Decision rationale: Per ODG low back guidelines, EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Per the neck chapter, cervical electro diagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. With regards to the wrist, EMG is recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. (Bienek, 2006) Electro diagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Bilateral EMG is generally not necessary, but NCS may be necessary for comparison, depending on the results

found on the affected side. EMG is recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. According to the documentation, the IW had not yet received treatment for her injuries and thus had not failed 1 month of conservative treatment, which is required for EMG of the lower extremities. With regards to the upper extremities, there is no documented dermatomal pattern of numbness and tingling, no history of wrist fracture which would warrant EMG/NCV testing. Due to these issues, the request is not medically necessary.

MRI of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 303.

Decision rationale: Per ACOEM neck chapter imaging is recommended in the following circumstances, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more, when surgery is being considered for a specific anatomic defect and to further evaluate the possibility of potentially serious pathology, such as a tumor. Per ACOEM, low back chapter unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The included physical examination does not document significant neurologic dysfunction. The request is not medically necessary.