

<b>Case Number:</b>	CM15-0060770		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Public Health & General Preventive 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 49-year-old female, who sustained an industrial injury on August 24, 2011. The injured worker reported multiple injuries to legs, arms, spine and head due to forklift accident. The injured worker was diagnosed as having crush injury right foot with partial amputation, contusions bilateral shoulders, cervical strain/sprain with radiculopathy and cord compression, sleep impairment, lumbar strain/sprain and depression. Treatment and diagnostic studies to date have included multiple surgeries, therapy and medication. A doctor's first report dated March 17, 2015 provides the injured worker complains of neck, back and shoulder pain with numbness and weakness and leg, knee and foot pain. She also has sleep difficulty. Physical exam notes neck, shoulder, back leg and knee tenderness. The plan includes numerous diagnostic studies, evaluation and therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine with contrast:** 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): 177-179.

**Decision rationale:** The request for MRI of the cervical spine with contrast is not medically necessary. The ACOEM Guidelines state criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. There is a lack of documentation regarding neurologic deficit, or emergence of a red flag. As such, the request for MRI of the cervical spine with contrast is not medically necessary.

**MRI of the brain:** 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), Head Chapter, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the brain is not medically necessary. The Official Disability Guidelines state the indications for MRI include determination of neurologic deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, to define evidence of acute changes super imposed on previous trauma or disease. There is a lack of documentation regarding new and acute changes, disturbed consciousness, and neurological deficits. Therefore, the request for MRI of the brain is not medically necessary.

**EMG/NCS of the bilateral upper extremity:** 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): 177-179.

**Decision rationale:** The request for EMG/NCS of the bilateral upper extremity is not medically necessary. The ACOEM Guidelines indicate electromyography and nerve conduction velocity studies, including H reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There is lack of documentation regarding nerve dysfunction to the bilateral upper extremities. Therefore, the request for EMG/NCS of the bilateral upper extremities is not medically necessary.

**SSEP bilateral lower extremities (BLE):** 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), Electrodiagnostic Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for SSEP bilateral lower extremities (BLE) is not medically necessary. The ACOEM Guidelines indicate the assessment may include sensory evoked potentials if spinal stenosis or spinal cord myelopathy is suspected. However, there is a lack of documentation of spinal stenosis or spinal cord myelopathy. Therefore, the request for SSEP of the bilateral lower extremities is not medically necessary.

**Acupuncture therapy 2x3 week trial for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture therapy 2 x 3-week trial for cervical spine is not medically necessary. The Acupuncture Medical Treatment Guidelines indicate acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is lack of documentation regarding reduction or intolerance of pain medications, current participation in a physical rehabilitation program or plan for surgical intervention. Therefore, the request for acupuncture therapy 2 x 3-week trial for cervical spine is not medically necessary.