MAXIMUS Federal Services

Case Number:	CM15-0075794		
Date Assigned:	04/30/2015	Date of Injury:	07/07/2013
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 25 year old female, who sustained an industrial injury on July 7, 2013. She has reported neck pain, arm pain, right hand pain, back pain, and leg pain. Diagnoses have included chronic cervical spine strain/sprain, cervical spine disc protrusion, chronic right hand tenosynovitis, thoracic spine contusion, right shoulder contusion, chronic thoracic spine strain/sprain, chronic lumbar spine strain/sprain, and chronic lumbar spine radiculopathy. Diagnostic testing has included magnetic resonance imaging of the lumbar spine, electromyography and nerve conduction studies. Treatment to date has included medications, physical therapy, and acupuncture. A Qualified Medical Evaluation dated September 5, 2014 indicates a chief complaint of neck pain radiating to the arms, right hand and finger pain, upper back pain, mid back pain, and lower back pain radiating to the right leg. The treating physician documented a plan of care that included an orthopedic consultation, pain management consultation, magnetic resonance imaging, electromyogram/nerve conduction velocity study, and functional capacity evaluation. On April 2, 2015, Utilization Review certified a request for pain management consul, orthopedic consult. Requests for functional capacity evaluation, MRI of the right shoulder, wrist and lumbar spine, EMG/NCV studies of the bilateral lower extremities were not certified. CA MTUS and ODG guidelines were cited in support of these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Ca MTUS is silent on this topic. The ODG guidelines outline specific indications for imaging. These indications are: "Acute shoulder trauma, suspect rotator cuff tear / impingement; over age 40l normal plain radiographs; subacute shoulder pain, suspect instability / labral tear; repeat MRI is not routinely recommended." Records do not include an examination by orthopedic provider or other specialists that documents suspicion of a labral tear. Documentation does not include plain film radiographs. Without this information, the request for an MRI of the shoulder is not medically necessary.

EMG/NCV of bilateral lower extremity for the lumbar spine and right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 03/24/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: There are no reports from the prescribing physician, which adequately present new neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnositic testings. The MTUS guidelines cited above outline specific indications for electrodiagnositic testing and these indications are based on specific clinical findings. The guidelines outline specific clinical findings. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

Functional Capacity Evaluation for Cervical Spine, Lumbar Spine, Right Shoulder, Right Wrist and Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Second Edition (2004), Chapter 7, Independent Medical Examinations and Consultations pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional capacity evaluation: Fitness for Duty.

Decision rationale: According to ODG guidelines, functional capacity evaluation is "recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job." It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The documentation does not support the IW's progress is approaching return to work status. The IW continues to report increasing pain despite multiple treatment approaches. There is no documentation of decreased reliance on medications. The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation, cannot be determined without a specific prescription, which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The request for a functional capacity evaluation is not medically necessary.

MRI of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand - MRIs.

Decision rationale: MTUS is silent on this topic. The ODG guidelines outline specific indications for imaging. These indications are: "Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Records do not include an examination by orthopedic provider or other specialists that documents suspicion of a fracture or ligamentous injury. There are no plain film results included for review. Without this information, the request for an MRI of the right wrist is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: CA MTUS ACOEM guidelines recommend imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." ODG guidelines state, "repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Documentation does not support significant changes in subjective complaints of objective findings. There is not documentation of new injuries or adjustments to analgesic medication. The IW previous had a lumbar MRI. There is no mention of surgeon evaluation or treatment. The request for a lumbar MRI is not medically necessary.