

Case Number:	CM15-0096475		
Date Assigned:	05/26/2015	Date of Injury:	11/30/2012
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 46-year-old female injured worker suffered an industrial injury on 11/30/2012. The diagnoses included cervical and lumbar musculoligamentous sprain/strain with sacroiliac joint sprain, bilateral wrist DeQuervain's and right carpal tunnel syndrome, bilateral knee sprain, anxiety, stress, and headaches. The diagnostics included cervical magnetic resonance imaging and x-rays of the cervical spine, lumbar spine and right knee. On 4/16/2015 the treating provider reported neck pain with numbness and tingling radiating to the upper extremities, bilateral shoulder pain, low back pain, headaches, both knee pains, both hands/digit pain and depression. On exam, there was cervical tenderness with muscle spasms and guarding with reduced range of motion. The lumbar spine had tenderness with spasms and guarding with positive left straight leg raise. The wrists and knees had tenderness. The treatment plan included MRI scan of the cervical spine, ELECTROMYOGRAPHIC STUDIES/nerve conduction velocity studies of the right upper extremity Diagnostic ultrasound study of the right knee and H Wave Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Special studies and diagnostic treatment considerations Page(s): 177 - 178.

Decision rationale: California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. " Regarding this patient's case, this above MTUS criteria are not satisfied. No red flags are present. There is no evidence of neurological dysfunction on physical exam. There is no documentation of failure to progress in a strength-training program or that an invasive surgical procedure is being planned. This patient had an MRI performed following her 2012 injury, but the results are not known. It is also not documented if the patient's symptoms have changed at all since that MRI was performed. For these reasons, based on the documentation that has been provided, a repeat MRI cannot be considered medically necessary at this time.

1 EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition. EMG/NCS.

Decision rationale: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards: (1) EDX testing should be medically indicated. (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis is not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e. g. , history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e. g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. Regarding this patient's case, this patient has been having chronic neck pain since a 2012 workman's compensation injury. She is currently reporting on the most recent

progress note pain that radiates into her bilateral upper extremities. Her physical exam did not note any abnormal neurological findings. The diagnosis given by the treating physician on this progress note is cervical muscle strain. Without a more thorough physical exam noting possible symptoms of radiculopathy/neurological dysfunction, this request cannot be considered medically necessary as the documentation currently stands.

1 NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition. EMG/NCS.

Decision rationale: The ODG provides the following guidance on when to order EMG/NCS studies: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards: (1) EDX testing should be medically indicated. (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e. g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. Regarding this patient's case, this patient has been having chronic neck pain since a 2012 workman's compensation injury. She is currently reporting on the most recent progress note pain that radiates into her bilateral upper extremities. Her physical exam did not note any abnormal neurological findings. The diagnosis given by the treating physician on this progress note is cervical muscle strain. Without a more thorough physical exam noting possible symptoms of radiculopathy/neurological dysfunction, this request cannot be considered medically necessary as the documentation currently stands.

1 Diagnostic ultrasound study of the right knee: 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), Knee & Leg, Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 online edition. Meniscus tear.

Decision rationale: MTUS guidelines do not address diagnostic ultrasounds of the knee, and therefore the ODG guidelines regarding Meniscus tears were referenced. In this case, a diagnostic ultrasound of the right knee is being requested to evaluate for a possible meniscus tear. However, there are no objective findings on physical exam of a suspected meniscus tear. Ligament instability is neither tested for nor documented. The physical mostly consists of noting some tenderness and decreased range of motion. Likewise, this request cannot be considered medically necessary based off this documentation.

1 H Wave Unit (Indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 151.

Decision rationale: MTUS guidelines state regarding H-wave devices: "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i. e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." There is no documentation that this patient has failed TENS unit use. Likewise, this request is not considered medically necessary.