

Case Number:	CM15-0097111		
Date Assigned:	05/27/2015	Date of Injury:	12/01/2014
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female, who sustained an industrial injury on December 1, 2014. She reported constant right wrist pain and head pain following being knocked unconscious when her feet caught and she fell back hitting her head on a metal table becoming unconscious. The injured worker was diagnosed as having head injury, blunt head trauma, low of consciousness, contusion, right hand and upper back pain, wrist arthralgia, carpal tunnel syndrome, wrist sprain/strain and wrist contusion. Treatment to date has included surgical intervention of the ear, diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued right wrist and hand pain, low back pain and ear drainage. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she required surgical intervention of the ear secondary to drainage after the industrial injury. Evaluation on December 1, 2014, revealed continued pain as noted with associated symptoms. A neurological consultation, radiographic imaging of the brain and right wrist and electrodiagnostic studies of the upper extremities was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Consult for Head Trauma: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7, page 127, consult.

Decision rationale: Based on the 12/08/15 progress report provided by treating physician, the patient presents with headaches, dizziness and forgetfulness. Per 03/17/15 report, the patient also complains of right hand pain and "occasionally drops things from her right hand. " The request is for neurological consult for head trauma. Patient's diagnosis per Request for Authorization form dated 04/21/15 includes wrist arthralgia, wrist sprain/strain other, wrist contusion, and carpal tunnel syndrome. Diagnosis on 12/08/14 included head injury, blunt head trauma, and loss of consciousness, contusion, right hand and upper back pain (thoraco lumbar spine). Physical examination on 12/08/15 revealed diffuse tenderness at the occiput, and paracervical spinous muscles, with moderate pain elicited on flexion and rotation. Treatment to date has included surgical intervention of the ear, diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Patient takes Motrin, per 03/17/15 report. The patient is temporarily totally disabled, per 03/07/15 report. Treatment reports were provided from 12/01/14 - 03/17/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. "Per 12/08/14 report, treater states "neurologist referral for further evaluation and transfer of care." It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Given the complexity of the patient's condition, neurological consult appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

EMG/NCV of the Right Upper Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, EMG.

Decision rationale: Based on the 12/08/15 progress report provided by treating physician, the patient presents with headaches, dizziness and forgetfulness. Per 03/17/15 report, the patient also complains of right hand pain and "occasionally drops things from her right hand. " The request is for EMG/NCV of the right upper extremity. Patient's diagnosis per Request for Authorization form dated 04/21/15 includes wrist arthralgia, wrist sprain/strain other, wrist contusion, and carpal tunnel syndrome. Diagnosis on 12/08/14 included head injury, blunt head trauma, and loss of consciousness, contusion, right hand and upper back pain (thoraco lumbar spine). Physical examination on 12/08/15 revealed diffuse tenderness at the occiput, and paracervical spinous muscles, with moderate pain elicited on flexion and rotation. Treatment to date has included surgical intervention of the ear, diagnostic studies, radiographic imaging, conservative care, wrist splint, medications and work restrictions.

Patient's medications include Motrin, Mobic, Neurontin and topical ointment. The patient is temporarily totally disabled, per 03/07/15 report. Treatment reports were provided from 12/01/14 - 03/17/15. ACOEM Guidelines page 206 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under EMG states: "EMG is recommended as an option in select cases." ODG further states, "regarding EDS in carpal tunnel syndrome recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." Treater has not provided medical rationale for the request. Examination of the wrists on 03/17/15 revealed slight diffuse hypesthesia on palmar aspect of right hand. Positive Tinel's and Phalen's tests on the right. Given the patient continues to have pain of right wrist/hand, has positive exam findings, and diagnosis of carpal tunnel syndrome, EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. There is no indication patient had prior EMG/NCV study done. Therefore, the request is 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 chapter, MRI's.

Decision rationale: Per 03/17/15 report, the patient also complains of right hand pain and "occasionally drops things from her right hand." The request is for MRI of the right wrist. Patient's diagnosis per Request for Authorization form dated 04/21/15 includes wrist arthralgia, wrist sprain/strain other, wrist contusion, and carpal tunnel syndrome. Treatment to date has included surgical intervention of the ear, diagnostic studies, radiographic imaging, conservative care, wrist splint, medications and work restrictions. Patient's medications include Motrin, Mobic, Neurontin and topical ointment. The patient is temporarily totally disabled, per 03/07/15 report. Treatment reports were provided from 12/01/14 - 03/17/15. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging)', state, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." The criteria, according to the guidelines include (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor; (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; (6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per 03/17/15 report, treater request MRI of the right wrist without providing a medical rationale. Physical examination of

the wrists on 03/17/15 revealed slight diffuse hypesthesia on palmar aspect of right hand. Positive Tinel's and Phalen's tests on the right. ODG guidelines also allow for MRIs in patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. Given the patient continues to have pain of right wrist/hand, has positive exam findings, and diagnosis of carpal tunnel syndrome, wrist MRI would appear to be indicated. However, UR letter dated 04/28/15 states "the patient had an MRI of the right wrist completed on 01/12/15." In this case, treater has not documented "significant change in symptoms" or "findings suggestive of significant pathology," to warrant a repeat study. This request is not in accordance with guidelines. Therefore, the request 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, Online Version, Head, MRI (magnetic resonance imaging).

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

Decision rationale: Based on the 12/08/15 progress report provided by treating physician, the patient presents with headaches, dizziness and forgetfulness. The request is for MRI of the brain. RFA dated 04/21/15 was provided. Patient's diagnosis on 12/08/14 included head injury, blunt head trauma, and loss of consciousness, contusion, right hand and upper back pain (thoraco lumbar spine). Physical examination on 12/08/15 revealed diffuse tenderness at the occiput, and paracervical spinous muscles, with moderate pain elicited on flexion and rotation. Treatment to date has included surgical intervention of the ear, diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Patient takes Motrin, per 03/17/15 report. The patient is temporarily totally disabled, per 03/07/15 report. Treatment reports were provided from 12/01/14 - 03/17/15. ODG Guidelines under its head chapter, MRI, states this is a well- established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by CT, to evaluate prolonged interval of disturbed consciousness to determine evidence of acute changes superimposed on previous trauma or disease. MRI is more sensitive than CT for detecting traumatic cerebral injury. Treater has not provided medical rationale for the request. Per UR letter dated 04/28/15, "the patient had a CT scan of the brain, which was essentially normal." ODG guidelines recommend MRI for neurological deficit not explained by CT. However, treater does not discuss any neurological findings to support the request other than headaches and dizziness. The patient has a history of head trauma, but does not present with any neurologic symptoms, or red flags. There are no discussions of unexplained neurological deficits, prolonged disturbed consciousness or the need to define evidence of acute changes per ODG criteria. In this case, the patient does not meet guideline requirements for an MRI of the brain. Therefore, the request is not medically necessary.