

Case Number:	CM15-0099114		
Date Assigned:	06/04/2015	Date of Injury:	10/16/2012
Decision Date:	09/28/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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

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 44 year old male, who sustained an industrial injury on 10/16/2012. He reported that he sustained cumulative traumatic injuries that led to the development of pain to the neck, right shoulder, elbow, wrist, middle finger, mid back, low back, right knee and left heel. The injured worker was diagnosed as having cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, bilateral shoulder sprain/strain with rule out internal derangement, thoracic spine pain, thoracic spine sprain/strain with rule out herniated nucleus pulposus, low back pain, lumbar sprain/strain with rule out herniated nucleus pulposus, rule out lumbar radiculopathy, right knee sprain/strain with rule out internal derangement, anxiety disorder, mood disorder, sleep disorder, stress, and hypertension. Treatment and diagnostic studies to date has included x-rays and medication regimen. In a progress note dated 09/12/2014 the treating physician reports complaints of constant, moderate to severe, burning, pain to the neck, bilateral shoulders, mid back, low back, and right knee. Examination reveals tenderness on palpation of the suboccipital region, along with the scalene and trapezius muscles, restricted range of motion to the cervical spine, tenderness on palpation of the delto-pectoral groove and the supraspinatus muscle, restricted range of motion to the bilateral shoulders, decreased strength to the bilateral upper extremities, slightly diminished sensation from cervical one through thoracic one dermatomes in the bilateral upper extremities, tenderness on palpation of the thoracic paraspinal, rhomboid and trapezius muscles, restricted range of motion of the thoracic spine, tenderness on palpation of the paraspinal muscles and over the lumbosacral junction, restricted range of motion of the lumbar spine, tenderness on palpation of the medial

joint line, lateral joint line, and the patella-femoral joint, crepitus with range of motion, slightly decreased sensation at lumbar four through sacral one dermatomes bilaterally, and decreased motor strength to the bilateral lower extremities. The pain to the neck, mid back, low back, and the right knee is rated 7 out of 10 on a pain analog scale and the pain to the bilateral shoulders is rated an 8 out of 10 on a pain analog scale. The treating physician requested x-rays of the right long finger, right knee, cervical spine, lumbar spine, and of the pelvis; electromyogram of the right upper and lower extremities; magnetic resonance imaging of the of the right knee, cervical spine, and lumbar spine; pain medicine consultation; orthopedic upper extremity surgeon consultation; and return to clinic after five to six weeks citing American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Electrodiagnostic Testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient underwent an EMG for the lower right extremities but the records were not included for review. Repeat EMG is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. EMG of the Right Lower Extremity is not medically necessary.

EMG of the Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Electrodiagnostic Testing (EMG/NCS).

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

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient underwent an EMG for the upper right extremities but the records were not included for review. Repeat EMG is not routinely recommended, and should be reserved for a significant change in symptoms and/or

findings suggestive of significant pathology. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. EMG of the Right Upper Extremity is not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG Knee & Leg, MRIs, Indications for imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some crepitus and tenderness. The physical exam is not indicative of internal derangement and no red-flag indications are present in the medical record. MRI of the right knee is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back, MRI, Indications for Imaging.

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

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. Cervical MRI is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Low Back, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS states that 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of the Lumbar Spine is not medically necessary.

X-Ray of the Right Long Finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand, Radiography, Indications for imaging.

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 (Acute & Chronic), Radiography.

Decision rationale: The Official Disability Guidelines recommend a hand or wrist x-ray for red flags or for trauma and suspected fracture or dislocation. An x-ray may also be indicated for chronic wrist pain as the first study obtained and the patient was chronic pain with or without prior injury, or no specific area of pain specified. X-Ray of the Right Long Finger is not medically necessary.

X-Ray of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ODG Knee & Leg, Radiograph (x-rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Radiography (x-rays).

Decision rationale: Physical exam failed to reveal any evidence of joint effusion, swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration. The findings documented on the chart note failed to meet the minimum criteria stated in the Official Disability Guidelines for x-ray imaging of the knee. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. X-Ray of the Right Knee is not medically necessary.

X-Ray of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Radiography (x-rays), Indications for Imaging.

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

Decision rationale: According to the MTUS, special studies such as a cervical x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. X-Ray of the Cervical Spine is not medically necessary.

X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Radiography (x-rays), Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The MTUS states that radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a lumbar x-ray is indicated. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. X-Ray of the Lumbar Spine is not medically necessary.

X-Ray of the Pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis, X-Ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis (Acute & Chronic), Radiography (x-rays).

Decision rationale: The Official Disability Guidelines recommend a pelvis x-ray for red flags or for trauma and suspected fracture or dislocation. An x-ray may also be indicated for chronic pain as the first study obtained and the patient was chronic pain with or without prior injury, or no specific area of pain specified. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. X-Ray of the Pelvis is not medically necessary.

Pain Medicine Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Pain Medicine Consultation is not medically necessary.

Orthopedic Upper Extremity Surgeon Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to available documentation the patient does not meet the criteria for a surgical consultation. The patient has not failed conservative treatment and there is no evidence of progressive and significant neurologic symptomology involving the cervical spine. Therefore, the request for referral to orthopedic surgeon for consultation is recommended non-certified. Orthopedic Upper Extremity Surgeon Consultation is not medically necessary.

RTC after 5-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation ODG Pain Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. There is no documentation as to why such frequent visits for follow-up would be required. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. The patient's injury is older than the timeline allowed by the ODG. RTC after 5-6 weeks is not medically necessary.

