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| <b>Case Number:</b>   | CM14-0102849 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 11/25/2009 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 06/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/03/2014 |

### 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. The expert reviewer is Board Certified in Anesthesiologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year old female who reported an injury to her neck and back. No information was submitted regarding the initial injury. The clinical note dated 07/08/14 indicates the injured worker undergoing acupuncture treatments at the neck and low back. The injured worker stated the acupuncture was providing some benefit. The injured worker reported a decrease in her pain level by 20%. The AME report dated 01/07/13 indicates the injured worker additionally having complaints of sleep disturbance, hypertension, and depression. The clinical note dated 06/18/14 indicates the initial injury occurred when she was struck in the back of the head on a shelf on 02/27/08. The note indicates the injured worker requiring a cane for ambulatory assistance. There is an indication the injured worker has a past surgical history involving a back surgery in 2010. The agreed medical examination dated 04/24/14 indicates the injured worker having complaints of urinary frequency, urgency, and incontinence. The injured worker reported ongoing low back pain. Urodynamic studies completed on 09/13/13 revealed motor and sensory deficits of the bladder. A cystoscopy completed on 12/30/13 revealed findings consistent with a neurogenic bladder. The clinical note dated 05/08/14 indicates the injured worker being recommended for electrodiagnostic studies of the lower extremities as well as MRIs of the cervical and lumbar spines. The note indicates the injured worker continuing with complaints of low back pain with radiating pain to both legs to the level of the feet. The injured worker also described numbness as well as pins and needles in the legs at the feet. Pain and discomfort were also identified in both hands. The injured worker described an aching and soreness along with tingling and numbness, right greater than left. The injured worker described difficulties with grasping, pushing, and pulling objects. The note indicates the injured worker having previously undergone physical therapy as well as epidural steroid injections in the lumbar region. The injured worker reported some benefit following the injections. The clinical note

dated 01/30/14 indicates the injured worker demonstrating absent reflexes at the left Achilles. The note indicates the injured worker having undergone x-rays which revealed a laminotomy defect at L4-5 on the left. Disc space narrowing was identified at L5-S1. No instability was revealed. There is an indication the injured worker had undergone MRIs in the past. The clinical note dated 12/18/13 indicates the injured worker having undergone a cervical MRI on 09/28/13, an MRI of the lumbar spine on 03/06/13, and electrodiagnostic studies of the upper extremities in October of 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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

**Decision rationale:** The request for an MRI of the cervical spine is non-certified. The documentation indicates the injured worker having recently undergone an MRI of the cervical spine. No information was submitted confirming the injured worker's significant changes in the symptomology. Additionally, no information was submitted regarding the injured worker's significant changes determined by clinical exam involving the injured worker's pathology. Given these factors, it does not appear that a repeat MRI of the cervical spine would be indicated for this injured worker at this time.

#### **MRI of Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

**Decision rationale:** The request for an MRI of the lumbar spine is non-certified. The documentation indicates the injured worker having recently undergone an MRI of the lumbar spine. No information was submitted confirming the injured worker's significant changes in the symptomology. Additionally, no information was submitted regarding the injured worker's significant changes determined by clinical exam involving the injured worker's pathology. Given these factors, it does not appear that a repeat MRI of the lumbar spine would be indicated for this injured worker at this time.

#### **EMG of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG/NCV.

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

**Decision rationale:** The request for electrodiagnostic studies of the upper extremities is non-certified. The documentation indicates the injured worker having recently undergone electrodiagnostic studies of the upper extremities. No information was submitted regarding the injured worker's significant changes that would indicate the likely benefit of additional and repeat studies. Therefore, this request is not indicated as medically necessary.

**NCS bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG/NCV.

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

**Decision rationale:** The request for electrodiagnostic studies of the upper extremities is non-certified. The documentation indicates the injured worker having recently undergone electrodiagnostic studies of the upper extremities. No information was submitted regarding the injured worker's significant changes that would indicate the likely benefit of additional and repeat studies. Therefore, this request is not indicated as medically necessary.

**Home Exercise Kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Home exercise kits.

**Decision rationale:** The request for a home exercise kit is non-certified. The documentation indicates the injured worker having complaints of pain at several sites. However, no objective data was submitted regarding the injured worker's significant functional deficits that would likely benefit from a home exercise program involving an exercise kit. Therefore, this request is not indicated as medically necessary.