

Case Number:	CM15-0121178		
Date Assigned:	07/08/2015	Date of Injury:	02/11/2014
Decision Date:	10/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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, Hawaii
 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 47-year-old male patient who sustained an industrial injury on 02/11/2014. The initial report of illness dated 02/26/2014 reported subjective complaint of having neck, upper back and chest pains. The patient reports that while working clearing branches he was pulling and fell backwards landing on his back and hitting his head. He was diagnosed with: cervical spine strain/sprain, thoracic spine sprain/strain, and chest wall contusion. The plan of care noted continuing with acupuncture, obtain a urine sample for toxicology, continue using transcutaneous nerve stimulator unit, topical compound cream, and undergo magnetic resonance imaging, and electrodiagnostic nerve conduction study. A visit dated 03/05/2015 reported the treating diagnoses as cervical spine disc bulges and thoracic spine disc bulges. The patient is temporary totally disabled. An initial pain management evaluation dated 03/20/2015 reported chief orthopedic complaint of upper back pain. The impression found the patient with cervical radiculopathy; cervical facet arthropathy, and cervical myofascial pain. He has trialed and failed conservative therapies to include: use of a transcutaneous nerve stimulator unit, physical therapy session and use of NSAID's. There is recommendation to administer a diagnostic epidural steroid injection at C6-7, continue with home exercises with plan to undergo additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation ODG, Pain Chapter, EMG/NCS.

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for EMG/ NCV of the Upper Extremities. The treating physician's report dated 03/05/2015 (11A) states, "Right wrist pain is dull, non-radiating, occurs 40% of the time, and interferes with the applicant's ability to grab and grip repetitively. The applicant last had x-rays of the right wrist over three years ago, and last had MRI of this area over one year ago." No previous EMG/NCV was noted in the reports. The ACOEM guidelines Chapter 11 on Forearm, Wrist, and Hand complaints page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The patient reports right wrist pain including interference with grip strength. The examination from 03/05/2015 mentions radicular neck pain and tingling in the upper limbs. In this case, the patient meets the criteria based on the ACOEM and ODG Guidelines for an EMG/NCV. The current request is medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for MRI of the Thoracic Spine. The treating physician's report dated 03/05/2015 (11A) notes diffused tenderness in the thoracic spine. The records do not show any previous MRI of the thoracic spine. The ACOEM Guidelines Chapter 8 page 177 to 178 on Neck and Upper Back Complaints list the criteria for ordering imaging studies, which include emergency 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 anatomy prior surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. There are no discussions of neurological or sensory deficits in the thoracic spine. In this case, the patient does not meet the criteria for an MRI of the thoracic spine. The current request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation ODG, Neck chapter, MRI.

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for MRI of the Cervical Spine. The treating physician's report dated 03/05/2015 (11A) show an intact neurological exam of the cervical spine. The records show that the patient's last MRI of the cervical spine was from 03/2014. The ACOEM Guidelines Chapter 8 page 177 and 178 on neck and upper back complaints: (1) Emergence of a red flag. (2) Physiologic evidence of tissue insult or neurologic dysfunction. (3) Failure to progress in the strengthening program intended to avoid surgery. (4) Clarification of anatomy prior to invasive procedure. In addition, ODG Guidelines under the Neck chapter on MRIs state, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery." The patient does not present with new trauma, no red flag issues, and no evidence of tissue insult or neurologic dysfunction. In this case, the patient does not meet the criteria for an MRI of the cervical spine. The current request is not medically necessary.

Physical therapy 2 x 6 for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for Physical therapy 2 x 6 for the Cervical and Thoracic Spine. The treating physician's report dated 03/05/2015 states, "Evaluate and treat (therapist to use best clinical judgment as to most appropriate modalities at each treatment). Encourage activity. Treat all symptomatic areas of industrial causation as noted below. Educate the applicant Re: injury prevention, body mechanics, and home care, exercise: (supervise and instruct in home program)." No physical therapy reports were provided for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, while a short course of physical therapy may be appropriate for the patient given his current symptoms, MTUS recommends 8 to 10 visits. The request for 12 visits exceeds the recommendation of the CA MTUS. The current request is not medically necessary.

Pain medicine consultation for the cervical and thoracic spine: Overturned

Claims Administrator guideline: The Claims Administrator 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 127.

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

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for Pain Medicine consult of Cervical and Thoracic Spine. The treating physician's report dated 03/05/2015 states, "Pain medicine Re: chronic pain." The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, it appears that the physician would like the expertise of a pain management doctor to address the patient's chronic pain. A consult is supported by the ACOEM guidelines. The current request is medically necessary.

Orthopedist Consultation for the cervical and thoracic spine: Overturned

Claims Administrator guideline: The Claims Administrator 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 127.

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

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for Orthopedic Consult for cervical and thoracic spine. The treating physician's report dated 03/05/2015 does not address this request. The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, it appears that the physician would like the expertise of an orthopedist to help determine the course of care for the patient's cervical and thoracic spine pain. A consult is supported by the ACOEM guidelines. The current request is medically necessary.

Neurology consultation: Overturned

Claims Administrator guideline: The Claims Administrator 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 127.

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

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for Neurology Consultation. The treating physician's report dated 03/05/2015 states, "Neurology Re: headaches." The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, the physician is concerned about the patient's headaches (45A) and would like the expertise of a neurologist to determine the course of care. The current request is medically necessary.

Internal medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator 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 127.

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

Decision rationale: The patient presents with neck, lower/upper back, and right wrist pain. The current request is for Internal Medicine Consultation. The treating physician's report dated 03/05/2015 states, "Internal Medicine Re: chest." The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, the physician would like the expertise of an Internal medicine doctor to address the patient's chest pain (45A). The current request is medically necessary.