

<b>Case Number:</b>	CM15-0123608		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Emergency 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 47-year-old female, who sustained an industrial injury on 1/14/2013. The mechanism of injury was a chair breaking underneath her. The injured worker was diagnosed as having lumbar and cervical disc degeneration, thoracic strain, lumbar strain, bilateral elbow strain and right wrist/hand strain. Lumbar m magnetic resonance imaging showed multilevel disc bulging. Treatment to date has included epidural steroid injection, knee injections, physical therapy and medication management. In a progress note dated 5/6/2015, the injured worker complains of continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician is requesting referral to a gastrointestinal specialist, right hand x rays, electromyography (EMG) /nerve conduction study (NCS) of the bilateral lower extremities, thoracic spine x rays, left elbow x ray, follow up office visit with internal medicine and electromyography (EMG) /nerve conduction study (NCS) of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to GI specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG 2nd edition (2008 revision) pg 503.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested Referral to GI specialist is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician has not documented PPI trials or the specific medical indication for this consult. The criteria noted above not having been met, Referral to GI specialist is not medically necessary.

**X-rays right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist and hand chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The requested X-rays right hand is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 268-269, recommend radiographs only with documented red flag conditions, after conservative treatment trials. The injured worker has continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician has not documented red flag conditions. The criteria noted above not having been met, X-rays right hand is not medically necessary.

**EMG/NCV bilateral lower 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, Low back chapter.

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

**Decision rationale:** The requested EMG/NCV bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "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. "The injured worker has continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCV bilateral lower extremities are not medically necessary.

**Thoracic spine x-rays:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested Thoracic spine x-rays, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 178-179, recommend radiographs only with documented red flag conditions, after conservative treatment trials. The injured worker has continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, Thoracic spine x-rays is not medically necessary.

**X-ray left elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** The requested X-ray left elbow is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, recommend radiographs of the elbow "to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis." The injured worker has continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician has not documented physical exam evidence indicative of joint effusion, osteomyelitis or septic olecranon bursitis. The criteria noted above not having been met, X-ray left elbow is not medically necessary.

**Follow up office visit (internal medicine):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested Follow up office visit (internal medicine), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician did not adequately document the medical necessity for neither this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Follow up office visit (internal medicine) is not medically necessary.

**EMG/NCV 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, Neck and Upper back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested EMG/NCV bilateral upper extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "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." The injured worker has continuous neck pain radiating to the bilateral shoulders, occasional headaches, bilateral shoulder pain with left greater than right, bilateral elbow pain, bilateral wrist and hand pain, mid and low back pain, bilateral hip pain and bilateral knee pain. Physical examination showed tenderness in the cervical spine, left trapezius, lumbar spine and paraspinal muscles and left knee and swelling on the left knee. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCV bilateral upper extremities are not medically necessary.