

Case Number:	CM17-0003284		
Date Assigned:	01/10/2017	Date of Injury:	10/20/2016
Decision Date:	02/10/2017	UR Denial Date:	12/09/2016
Priority:	Standard	Application Received:	01/04/2017

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: Texas, Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 32-year-old male with a history of an occupational claim from 10/20/2016. The mechanism of injury is detailed as repetitive lifting of heavy objects. The current diagnoses are documented as sprain of the ligaments of the cervical spine; strain of muscle, fascia, and tendon at neck level; sprain of the ligaments of the lumbar spine; sprain of sacroiliac joint; sprain of unspecified parts of the right shoulder girdle; sprain of unspecified parts of the left shoulder girdle; carpal tunnel syndrome, left upper limb; unspecified sprain of the left wrist; other synovitis and tenosynovitis, left hand; pain in right arm; and pain in left arm. The prior treatment included medications. An electrodiagnostic study dated 11/30/2016 revealed electroneurographic findings indicative of moderate bilateral carpal tunnel syndrome. There were no electroneurographic indicators of ulnar neuropathy. Electromyographic indicators of acute cervical radiculopathy were not seen. On 11/30/2016, the patient presented for a follow-up visit. The patient complained of severe neck pain and lumbar spine pain that radiated into the bilateral legs. The patient also complained of bilateral shoulder pain. The patient complained of constant severe left wrist pain. The patient reported that the pain medications helped the patient's functional mobility. The patient rated the pain with medication 5/10 and without medication 8/10. On physical examination, there were spasms present in the cervical spine paraspinal muscles. There was also tenderness to palpation in the cervical spine paraspinal muscles. There was muscle guarding present in the cervical spine paraspinal muscles. Sensory examination showed no deficit in any dermatomes of the upper extremities to pinprick or light touch. The range of motion in the cervical spine was restricted. The patient had 5/5 motor strength in the

upper extremities. The patient had a negative Spurling's test bilaterally. There was tenderness to pressure in the left flexor and extensor tendon. There was produced sensation in the median nerve distribution. The range of motion of the left wrist was restricted. The patient had a positive Phalen test and Tinel test on the left wrist. There was spasms present in the lumbar paraspinal muscles. There was also tenderness to palpation noted over the lumbar paraspinal muscles and in the bilateral sacroiliac joints. Sensory examination showed no deficit in any of the dermatomes in the lower extremities to pinprick or light touch. The patient had restricted range of motion of the lumbar spine. The patient had 5/5 motor strength in the bilateral lower extremities. The treatment plan consisted of chiropractic treatment, an electrodiagnostic study, an MRI of the cervical spine, an MRI of the lumbar spine, and an MRI of the left wrist. The Request for Authorization was signed on 11/23/2016. The prior determination on 12/09/2016 denied the request for chiropractic treatment due to a lack of documentation of objective outcomes from the prior chiropractic interventions. The request for the electrodiagnostic study was previously denied due to the conservative intervention including medication management and chiropractic treatment were not specified in the available record submitted. The request for the MRI of the cervical and lumbar spine was previously denied due to the objective outcome of conservative intervention including medication management and chiropractic treatment were not specified in the available records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for cervical and lumbar spine, left wrist/hand, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, and Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Low Back- Lumbar & Thoracic and Forearm, Wrist and Hand chapters: Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions and only when manipulation is specifically recommended by the provider in the plan of care. The documentation submitted for review indicated that the patient was previously treated with chiropractic treatment. However, there was a lack of documentation regarding an objective improvement in function with the prior usage of chiropractic treatment. In addition, the guidelines also recommend up to 10 visits of chiropractic treatment. The requested 12 sessions exceeds the guideline recommendation. There were no exceptional factors noted that would warrant exceeding the guideline recommendation. Given the above, the request is not medically necessary.

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back chapter: Electromyography (EMG), Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state the electromyography and nerve conduction studies are generally accepted, well established, and widely used for localizing the source of the neurological symptoms and establishing a diagnosis of focal nerve entrapments, such as carpal tunnel syndrome, or radiculopathy. The documentation submitted for review indicated that the patient had a diagnostic study dated 11/30/2016. It is unclear of the rationale as to why the patient would require an additional electrodiagnostic study. Therefore, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back chapter: Magnetic resonance imaging (MRI).

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

Decision rationale: The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise in the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. There was a lack of documentation regarding significant neurological deficits in the upper extremities that would support the usage of the MRI. There was also a lack of documentation of recent conservative care the patient has had for the cervical spine. Given the above, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic chapter: MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There was a lack of documentation indicating that the patient was a candidate for

surgery. In addition, there was a lack of documentation regarding significant neurological deficits in the bilateral lower extremities that would support the usage of the MRI. There was also a lack of documentation regarding recent conservative care the patient has had for the lumbar spine. Given the above, the request is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state the special studies are not needed until after a 4 to 6 week period of conservative care and observation. The documentation submitted for review indicated that the patient had an electrodiagnostic study of the upper extremities. It was also noted that the electrodiagnostic study revealed significant findings in the left wrist. It is unclear of the rationale as to why the patient would require an additional diagnostic study. There was also a lack of documentation regarding recent conservative care the patient has had for the left wrist. Given the above, the request is not medically necessary.