

Case Number:	CM13-0024835		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2011
Decision Date:	05/16/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/14/2013

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 Orthopedic Surgery and is licensed to practice in Texas and California. 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 63-year-old male who reported an injury on 04/11/2011 due to cumulative trauma while performing normal job duties. The injured worker was evaluated on 08/22/2013. It was documented that the injured worker continued to complain of cervical spine pain, chronic headaches and shoulder pain that had failed to respond to conservative treatments and 2 epidural steroid blocks. It was noted that the injured worker's left shoulder and lumbar spine symptomatology had not had a significant change in clinical presentation. Physical examination findings of the cervical spine documented tenderness at the cervical paravertebral musculature and upper trapezius muscles with spasming and a positive Spurling's maneuver with painful and restricted range of motion. Evaluation of the left shoulder documented tenderness to palpation of the left shoulder acromioclavicular joint with a positive impingement sign and positive Hawkins sign with painful range of motion. Evaluation of the lumbar spine documented tenderness to palpation over the mid distal lumbar segments and a positive seated nerve root test. The injured worker's diagnoses included cervical discopathy, lumbar discopathy, left shoulder impingement with a superior labral tear and bilateral carpal tunnel syndrome. The injured worker's treatment plan on that day included an intramuscular injection for pain relief and an intramuscular injection of a vitamin B12 complex. A request was made for updated diagnostic studies, to include an MRI of the cervical spine and lumbar spine and electrodiagnostic studies of the bilateral upper and lower extremities. The injured worker was again evaluated on 10/14/2013. It was documented that the injured worker complained of low back pain radiating into the bilateral lower extremities and neck pain radiating into the left upper extremity. Objective findings included lumbar myofascial tenderness, cervical myofascial tenderness, spinal vertebral tenderness at the L4 through the S1 level and spinal vertebral tenderness at the C4 through the C7 level. It was noted that the injured worker had decreased sensation in the left

lower extremity and decreased motor strength in the C3 through the L4 myotomes with a positive straight leg raise test to the left. It was noted that the injured worker had undergone an MRI on 08/30/2011. The injured worker's treatment plan included a therapeutic lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, MRI

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously received cervical epidural steroid injections. It can be deduced that a cervical MRI has already been performed for this injured worker. The results of the previous MRI were not provided. The Official Disability Guidelines do not recommend repeat cervical MRIs unless there is a significant change in the injured worker's clinical presentation. There was no documentation that the injured worker has had a significant change to support progressive neurological deficits or a change in pathology. Therefore, an additional MRI would not be supported.

MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MRI

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address repeat imaging. The Official Disability Guidelines recommend repeat imaging for injured workers who have a significant change in pathology or who have evidence of significant progressive neurological deficits since the previous imaging study. The clinical documentation submitted for review does indicate that the injured worker's clinical presentation has primarily remained unchanged. Therefore, the need for an additional MRI is not clearly indicated. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

ELECTROMYOGRAPHY (EMG) OF BILATERAL UPPER EXTREMITY: Upheld

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

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

Decision rationale: The requested electromyography of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the need for electrodiagnostic studies for clinically evident radiculopathy. The clinical documentation does indicate that the injured worker has radiating pain to the left upper extremity with motor strength weakness in the C3 through the L4 myotomes with a positive Spurling's maneuver. As radiculopathy is clinically evident, an electrodiagnostic study is not supported.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF BILATERAL UPPER EXTREMITY: Upheld

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

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

Decision rationale: The requested nerve conduction velocity study of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the need for nerve conduction velocity studies for clinically evident radiculopathy. The clinical documentation does indicate that the injured worker has radiating pain to the left upper extremity with motor strength weakness in the C3 through the L4 myotomes with a positive Spurling's maneuver. As radiculopathy is clinically evident, an nerve conduction velocity study is not supported.

ELECTROMYOGRAPHY (EMG) OF BILATERAL LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested electromyography (EMG) of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend electrodiagnostic studies when nerve root pathology is clinically evident upon physical examination. The clinical documentation submitted for review does document that the injured worker had a positive straight leg raise test, disturbed sensation in the left lower extremity and decreased motor strength in the C3 through the L4

myotomes. Therefore, the need for an electromyography (EMG) of the bilateral lower extremities is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY(NCV) STUDY OF BILATERAL LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: The requested nerve conduction velocity study of the bilateral lower extremities is not medically necessary or appropriate. The Official Disability Guidelines do not support the use of nerve conduction velocity studies for clinically evident radiculopathy. The clinical documentation clearly supports that the injured worker has radicular symptoms and radicular findings upon examination. Therefore, the need for a nerve conduction velocity study of the bilateral lower extremities is not supported. As such, the requested nerve conduction velocity (NCV) study of the bilateral lower extremities is not medically necessary or appropriate.