MAXIMUS Federal Services

Case Number:	CM13-0031694		
Date Assigned:	12/04/2013	Date of Injury:	06/01/2007
Decision Date:	01/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine and is licensed to practice in 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 physician 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:

44 y.o. male with injury from 6/1/107, suffers from chronic neck and back pains. Dx per [redacted] report include Degeneration of cervical disc. The patient has history of disc replacement at L5-S1 from 2007. Pain is described as radiating into the right leg with numbness, paresthesia and weakness. Upper extremities compaints include neck, shoulder shart, stabbing constant pain with radiation into the right shoulder. Paresthesia is noted in the hnad, numbness in arm, weakness in arm. (report from [redacted] 8/14/13) The patient had a prior MRI from 6/13/11 that showed surgery at L5-1, 3-5 mm protrusion/extrusions at L3-L5 with nerve root compromises. EMG/NCS studies done on 6/23/11 that were normal. 5/30/13 report by [redacted] states that the patient has severe pain. Similar descriptions to 8/14/13 report for the patient's pain. Upper extremity exam showed no motor or sensory deficits, normal neurologic exam. No exam for L-spine. 7/31/13 report by [redacted] is for left knee synvisc injection. He lists diagnoses including C3-4/C5-6 disc replacement, and s/p left knee arthroscopy with debridement. 8/6/13 report is by [redacted] requesting medications. No discussion for MRI or EMG. 2/13/13 report is by [redacted] for initial pain consult. He is recommending third C-ESI. Pages from about 194 to 380 are for a different patient....

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Low Back regarding MRI's.

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

Decision rationale: Despite review of some 600 pages of reports, I was not able to find the treater's report discussing the request for an MRI L-spine. I have two reports by [redacted] from 5/30/13 and 8/14/13. Neither of these reports request or discuss MRI or EMG/NCV requests. They also lack any specific examination of the L-spine. [redacted] several reports address the patient's knee problems and Synvisc injections were provided. There are reports from 2011 for an MRI of L-spine and EMG/NCV studies with the findings noted above. Unfortunately, I am provided with an incomplete replication of the UtilizationReview letter from 9/4/13. Pages 1,3,5 of 6 pages of physician discussions are missing. Based on information provided, this patient suffers from chronic neck and low back pain. The patient has had lumbar disc replacement at L5-S1 and the MRI from 2011 showed multi-level disc herniations. The patient has had multiple lumbar ESI's in the past. Without reports describing why an updated MRI is needed, such as a new injury, surgical consideration, etc, I am unable to recommend authorization. Review of limited reports do not show a need for updated MRI when ACOEM is applied. Recommendation is for denial.

EMG 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 Page(s): 262.

Decision rationale: Despite review of some 600 pages of reports, I not able to find the treater's report discussing the request for an EMG/NCV of upper extremities. I have two report by [redacted] from 5/30/13 and 8/14/13. Neither of these reports request or discuss MRI or EMG/NCV requests. The comprehensive examination of the upper extremities show that sensory and motor examination were normal. [redacted] several reports address the patient's knee problems and Synvisc injections were provided. There are report from 2011 for an MRI of L-spine and EMG/NCV studies with the findings noted above. EMG/NCV studies were normal. Unfortunately, I am provided with an incomplete replication of the UtilizationReview letter from 9/4/13. Pages 1,3,5 of 6 pages of physician discussions are missing. Based on information provided, this patient suffers from chronic neck and low back pain. The patient has had multi-level cervical disc replacement with multiple C-ESI's with some success. The report lack any discussion as to why an updated EMG/NCV studies are required. There are no new injuries, no consideration of surgical intervention, etc. EMG/NCV studies are indicated based on the patient's symptoms but the patient already had one done in 2011. There does not appear to be a need for a repeat study based on limited information available. Recommendation is for denial.

NCS 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 Page(s): 262.

Decision rationale: Despite review of some 600 pages of reports, I not able to find the treater's report discussing the request for an EMG/NCV of upper extremities. I have two report by [redacted] from 5/30/13 and 8/14/13. Neither of these reports request or discuss MRI or EMG/NCV requests. The comprehensive examination of the upper extremities show that sensory and motor examination were normal. [redacted] several reports address the patient's knee problems and Synvisc injections were provided. There are report from 2011 for an MRI of L-spine and EMG/NCV studies with the findings noted above. EMG/NCV studies were normal. Unfortunately, I am provided with an incomplete replication of the UtilizationReview letter from 9/4/13. Pages 1,3,5 of 6 pages of physician discussions are missing. Based on information provided, this patient suffers from chronic neck and low back pain. The patient has had multi-level cervical disc replacement with multiple C-ESI's with some success. The report lack any discussion as to why an updated EMG/NCV studies are required. There are no new injuries, no consideration of surgical intervention, etc. EMG/NCV studies are indicated based on the patient's symptoms but the patient already had one done in 2011. There does not appear to be a need for a repeat study based on limited information available. Recommendation is for denial.