

Case Number:	CM13-0032341		
Date Assigned:	04/25/2014	Date of Injury:	10/21/2008
Decision Date:	06/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine and Rehabilitation, 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 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 patient is a 65 year old male with a date of injury of 10/21/08. The treating physician report dated 6/10/13 indicates that the patient presents with worsening numbness in the long, ring, and small fingers bilaterally with worsening weakness in both upper extremities. The current diagnoses are cervical spine sprain/strain, rule out progression of herniated nucleus pulposus, and upper extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The treating physician report dated 6/10/13 states that, on exam of the neck, forward flexion was at 30 degrees, extension was at 40 degrees, and rotation was at 65 degrees. Deep tendon reflexes were trace at the biceps, triceps, and brachioradialis. Hoffmann's exam was

negative. There was interosseous wasting of both hands, especially the first dorsal interosseous on the right, worse on the left side. The ACOEM recommends electrodiagnostic studies to help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Review of the records provided does not show that prior electrodiagnostic studies have been performed. Given the patient's worsening numbness and weakness of the hands, upper extremities, and neck, EMG and NCS would be a recommended option for this patient. As such, the request is medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The treating physician report dated 6/10/13 states that the most recent MRI was probably over a year ago, but overall the patient feels his quality of life continues to be impaired, and he feels at this time that he would certainly wish to consider possible surgical intervention. The primary treating physician goes on to state that he would like to order an MRI of the cervical spine to evaluate for possible cervical spine stenosis/spondylosis and to evaluate the level of disease. The ACOEM and MTUS guidelines do not address repeat MRI scans. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There was not a copy of the prior MRI scan in the records provided. There is no mention in the records of a change in symptoms or a suspicion of a significant pathology. A repeat MRI to evaluate the level of stenosis/spondylosis is not supported in the ODG. As such, the request is not medically necessary.