

Case Number:	CM13-0034046		
Date Assigned:	12/06/2013	Date of Injury:	07/23/2010
Decision Date:	03/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational Medicine 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:

The applicant is a represented 63-year-old who has filed a claim for chronic neck, shoulder, and low back pain with posttraumatic headaches reportedly associated with an industrial injury of July 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The applicant's case and care have apparently been complicated by a suspected stroke. In a Utilization Review Report of October 2, 2013, the claims administrator denied a request for cervical MRI imaging and denied a request for EMG testing of the upper extremities. The applicant's attorney subsequently appealed. An earlier clinical progress note of September 24, 2013 is notable for comments that the applicant reports persistent neck pain, shoulder pain, low back pain, and left leg pain. The applicant is walking with a left foot-drop, it is stated. There is apparently some suspicion of a stroke. The applicant has residual left upper extremity weakness, it is stated. He is walking with a left foot-drop. Acupuncture and a neurology consultation are sought. The applicant is placed off of work for two weeks and asked to pursue MRI imaging of the cervical spine and electrodiagnostic testing of the same. The progress report provided is sparse, mingles old complaints with current complaints, and does not contain complete sentences. It is quite difficult to follow as a result.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8 Table 8-8, MRI imaging can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no clear evidence of neurologic compromise associated with a cervical spine issue or cervical spine lesion. The applicant has longstanding complaints of left upper extremity weakness status post a right-sided stroke. The applicant has been left with residual hemiparesis/hemiplegia associated with a stroke, apparently sustained in 2012. His complaints of left upper and left lower extremity weakness are a longstanding phenomenon. They are not associated with the cervical spine. The progress note in question is very difficult to follow, does not contain much in the way of narrative commentary, and does not clearly establish the presence of an upper extremity radiculopathy associated with a cervical spine lesion which would require MRI imaging to clarify. Therefore, the request remains non-certified, on Independent Medical Review.

EMG cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, EMG testing is "recommended" to clarify nerve root dysfunction in case of suspected disk herniation preoperatively or before an epidural steroid injection. In this case, as with the cervical MRI imaging, the applicant does not seemingly carry a diagnosis of cervical nerve root compromise which would require EMG testing to clarify. The applicant has an established diagnosis of cerebral vascular accident (CVA), sustained in 2012 with residual left-sided hemiparesis. EMG testing would be of little or no benefit in establishing a diagnosis of left-sided hemiparesis associated with a stroke as this diagnosis has already been definitively made. The most recent progress note in question does not establish the presence of any cervical spine pathology or cervical radiculopathy which would require either MRI imaging and/or electrodiagnostic testing to clarify. Accordingly, the request remains non-certified, on Independent Medical Review.