

Case Number:	CM13-0036806		
Date Assigned:	12/13/2013	Date of Injury:	02/22/2008
Decision Date:	02/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 52-year-old female with a reported date of injury of 2/22/08. No details are provided as to the mechanism of injury. Her diagnoses include rotator cuff tear, cervical disc bulge, and cervical disc degeneration. Past treatment modalities have included medication, acupuncture, chiropractor, injections, traction, physical therapy and electrical stimulation. She had surgery (L5-S1 microdiscectomy) on 3/6/13 for a separate work injury involving her lumbar back. A request for a repeat cervical MRI and an EMG of the bilateral arms was made on 9/26/13 by [REDACTED] to "look for interval changes in light of her continued radicular neck pain." A progress note from that date reports the patients neck pain was decreased 70% for two months, but overall felt the same as previous visits. The patient described the neck pain as dull, occasional 6/10 and occurring twice a week, lasting approximately 20 minutes and radiating to both arms to her thumbs. The physical exam noted 2+ deep tendon reflex, sensation intact, with 5/5 muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179-180.
Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: Per the California MTUS, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. Per the physician notes, there were no red flags or physical findings suggestive of tissue insult or neurologic dysfunction (intact sensation reported with 5/5 muscle strength) that would warrant a new cervical MRI. Therefore, the request is non-certified.

EMG of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: Per the California MTUS, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. While this patient did not have red flags or unequivocal findings that identify specific nerve compromise on the neurologic examination which would warrant imaging studies, the MTUS does allow for EMG/NCV to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. This patient's symptoms have persisted for greater than four months and there are no medical records to indicate previous upper extremity EMG/NCV. Table 8-7 in the neck and upper back section of the ACOEM also indicates a 3+ rating for EMG/NCV to identify physiologic insult, and 2+ for identifying anatomic insult. Based on these guidelines and the patient's persistent complaints of bilateral upper extremity numbness, EMG would be warranted.

NCS of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: Per the California MTUS, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. While this patient did not have red flags or unequivocal findings that identify specific nerve compromise on the neurologic examination which would warrant imaging studies, the MTUS does allow for EMG/NCS to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. This patient's symptoms have persisted for greater than four months and there are no medical records to indicate previous upper extremity EMG/NCS. Table 8-7 in the neck and upper back section of the ACOEM also indicates a 3+ rating for EMG/NCV to identify physiologic insult, and 2+ for identifying anatomic insult. Based on these guidelines and the patient's persistent complaints of bilateral upper extremity numbness, NCS would be warranted.