

Case Number:	CM13-0053075		
Date Assigned:	12/30/2013	Date of Injury:	05/29/2013
Decision Date:	03/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 05/29/2013. The mechanism of injury was not provided for review. The documentation provided for review indicated that the patient was status post spinal fusion and hardware removal at the L4-S1 and status post cervical disc replacement at the C5-7. The only chart note submitted for review was from 12/06/2012 which noted the patient had limited cervical spine range of motion and tenderness to palpation of the paravertebral musculature. Examination of the thoracolumbar spine documented tenderness to palpation with limited range of motion and no neurovascular deficits. It was noted on that chart note that the patient underwent a lumbar MRI in 03/2012 that revealed the patient was status post fusion surgery from the L4 to the S1 without any disc abnormalities or evidence of fracture. The patient's diagnoses included status post removal of lumbar spinal hardware, status post L4-S1 fusion, status post C5-7 cervical disc replacement, and thoracic myofascial sprain with discopathy. A request was submitted for a cervical spine MRI, a lumbar spine MRI, and electrodiagnostic studies of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review did not contain any recent evidence of neurological deficits that failed to respond to conservative treatment. The American College of Occupational and Environmental Medicine recommend imaging studies for patients who have physical findings supportive of neurological compromise. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 lumbar spine MRI is not medically necessary or appropriate. The Official Disability Guidelines only recommend repeat MRI studies when there is evidence of progressive neurological deficit or a significant change in the patient's pathology. There was no recent clinical documentation submitted for review to support that the patient has had a significant change in pathology or has progressive neurological deficits that would support additional imaging studies. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

EMG for Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested EMG of the bilateral upper extremities is not medically necessary or appropriate. American College of Occupational and Environmental Medicine only recommend electrodiagnostic studies when there is evidence of neurological deficits upon physical examination that need further clarification. There was no recent clinical documentation to support that the patient has any neurological deficits that require diagnostic studies. As such, the requested EMG for the bilateral upper extremities is no medically necessary or appropriate.

NCV for Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested NCV of the bilateral upper extremities is not medically necessary or appropriate. American College of Occupational and Environmental Medicine only recommend electrodiagnostic studies when there is evidence of neurological deficits upon physical examination that need further clarification. There was no recent clinical documentation to support that the patient has any neurological deficits that require diagnostic studies. As such, the requested NCV for the bilateral upper extremities is no medically necessary or appropriate.

EMG for Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested EMG of the bilateral lower extremities is not medically necessary or appropriate. American College of Occupational and Environmental Medicine only recommend electrodiagnostic studies when there is evidence of neurological deficits upon physical examination that need further clarification. There was no recent clinical documentation to support that the patient has any neurological deficits that require diagnostic studies. As such, the requested EMG for the bilateral lower extremities is no medically necessary or appropriate.

NCV for Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested NCV of the bilateral lower extremities is not medically necessary or appropriate. American College of Occupational and Environmental Medicine only recommend electrodiagnostic studies when there is evidence of neurological deficits upon physical examination that need further clarification. There was no recent clinical documentation to support that the patient has any neurological deficits that require diagnostic studies. As such, the requested NCV for the bilateral lower extremities is no medically necessary or appropriate.