

Case Number:	CM13-0070281		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2013
Decision Date:	04/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 & 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 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 54-year-old male who reported an injury on 08/24/2012. The patient was reportedly injured when he was moving a refrigerator up a flight of stairs and felt pain in his lower back, neck, and lower abdomen. The patient is currently diagnosed with lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, after care for surgery of the musculoskeletal system, and anxiety. The patient was recently seen by [REDACTED] on 12/17/2013. The patient reported constant, moderate pain in the cervical spine radiating to the head, as well as constant, moderate pain in the lumbar spine with activity limitation and numbness to bilateral lower extremities. Physical examination on that date revealed 3+ spasm and tenderness to bilateral paraspinal muscles from C2 to C7, positive axial compression testing bilaterally, positive distraction testing bilaterally, positive shoulder depression testing bilaterally, and decreased reflexes. It is noted that the patient has completed 9 sessions of physical medicine treatment. Treatment recommendations at that time included continuation of current medication, a 3D MRI of the lumbar spine, NCV/EMG testing of the bilateral upper extremities, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE: Overturned

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 Page(s): 177-179.

Decision rationale: ACOEM Guidelines state electromyography and nerve conduction velocity studies may be helpful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient has continued to report persistent cervical spine pain. The patient's previous examination on 09/24/2013 revealed similar findings with the exception of 2+ equal and bilateral upper extremity reflexes. The more recent physical examination on 12/17/2013 does indicate decreased triceps reflexes bilaterally. Therefore, there is evidence of a significant change in the patient's physical examination. The patient has been treated with conservative therapy including medications and recent physical therapy. Based on the clinical examination findings, the current request is medically necessary and appropriate.

MRI 3D CERVICAL SPINE: Overturned

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 Page(s): 177-179.

Decision rationale: ACOEM Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. As per the documentation submitted, the patient has continuously reported constant, moderate pain in the cervical spine. A previous examination on 09/24/2013, noted similar findings with the exception of 2+ bilateral upper extremity reflexes. The more recent physical examination on 12/17/2013 indicated a decrease in the triceps reflex bilaterally. Therefore, there is evidence of a significant change in the patient's physical examination findings that could indicate further pathology. The patient has been treated with conservative care including medications and a recent course of physical therapy. Based on the clinical information received and the ACOEM Guidelines, the request is medically necessary and appropriate.