

Case Number:	CM14-0005224		
Date Assigned:	02/10/2014	Date of Injury:	08/16/2013
Decision Date:	06/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Pain Management 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:

This is a male patient with the date of injury of August 16, 2013. A utilization review determination dated January 8, 2014 recommends non-certification of MRI lumbar spine, cervical epidural steroid injection, and EMG/NCV bilateral upper extremities. The previous reviewing physician recommended non-certification of MRI lumbar spine due to lack of documentation of red flag findings at the spine, suspicion of spinal fracture, neoplasm or infection; non-certification of cervical epidural steroid injection due to lack of documentation of objective or corroborating diagnostic findings of radiculopathy; and non-certification of EMG/NCV bilateral upper extremities due to lack of documentation of red flag neuropathic findings. A PR-2 Report dated December 16, 2013 identifies Interim History of neck pain which radiates into both arms with associated numbness. There is pain in his upper thoracic spine. There is pain in the low back which radiates into the posterior thighs bilaterally. Objective Findings identify gait is slow and guarded. Lumbar range of motion is markedly restricted and painful in all planes. There is decreased light touch sensation in the posterior thighs bilaterally. Cervical range of motion is moderately restricted and painful in all planes. Diagnoses identify cervical strain, mild to moderate right foraminal stenosis C4-5, mild to moderate bilateral foraminal stenosis C5-6, mild to moderate bilateral foraminal stenosis C3-4, and lumbar strain. Decision identifies cervical epidural steroid injection, bilateral upper extremity neurodiagnostic studies, and MRI of the lumbar spine. Continue with medication and an independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, LOW BACK COMPLAINTS, 303-304

Decision rationale: Regarding the request for MRI of the lumbar spine, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the medical information made available for review, there is evidence of unequivocal objective findings of nerve compromise which have not responded to treatment with medication and therapy. As such, the currently requested MRI of the lumbar spine is medically necessary.

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, radiculopathy has not been documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Occupational Medicine Practice Guidelines,

Neck and Upper Back Complaints , pages 178 182. Also, ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for Electromyography (EMG) of the bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG of the bilateral upper extremities is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Occupational Medicine Practice Guidelines, Neck and Upper Back Complaints , pages 178 182. Also, ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCV of the bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCV of the bilateral upper extremities is not medically necessary.