

Case Number:	CM14-0006826		
Date Assigned:	06/13/2014	Date of Injury:	03/25/2003
Decision Date:	07/15/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 injured worker is a 49-year-old who sustained an injury to his neck on March 25, 2003 while performing his usual and customary duties as a driver. The injured worker complained of constant pain that radiates down the right arm with associated numbness and tingling. It was reported that the injured worker had completed a regimen of physical therapy. Physical examination noted decreased sensation in the right C7 dermatome; hypoactive right biceps tendon reflex; cervical spine range of motion with decreased flexion and extension; positive cervical compression test. The injured worker was diagnosed with a cervical sprain/strain and EMG (electromyogram)/NCV (nerve conduction velocity) of the bilateral upper extremities and MRI of the cervical spine were requested to rule-out cervical disc disease and cervical spine radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE, WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. The previous request was denied on the basis that there were limited findings to support the need for MRI imaging, with findings of only decreased symptoms in the right C7 dermatome. The right biceps tendon reflex decrease does not correlate with C7 dermatome decreased range of motion and compression test. Additionally, it was not known if there had already been an MRI of the cervical spine. The request for an MRI of the cervical spine, without contrast, is not medically necessary or appropriate.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back Chapter, Electromyography (EMG).

Decision rationale: The previous request was denied on the basis that although the findings did seem to indicate the need for a right upper extremity EMG, an NCV would be considered not clinically necessary. There were also no clinical findings for the left side. However, there was no information regarding the injured worker's past treatment history and diagnostic testing history over the past more than ten years. Therefore, it could not be determined if this is a repeat study or if there were other studies available to confirm the diagnosis. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back Chapter Nerve conduction studies (NCS).

Decision rationale: The previous request was denied on the basis that although the findings did seem to indicate the need for a right upper extremity EMG, an NCV would be considered not clinically necessary. There were also no clinical findings for the left side. However, there was no information regarding the injured worker's past treatment history and diagnostic testing history over the past more than ten years. Therefore, it could not be determined if this is a repeat study or if there were other studies available to confirm the diagnosis. The request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.