

Case Number:	CM14-0102763		
Date Assigned:	08/01/2014	Date of Injury:	12/31/1998
Decision Date:	10/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Practice and is licensed to practice in Texas & Mississippi. 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 56-year-old male with a reported date of injury of 12/31/1998. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include status post anterior and posterior cervical fusion to C3 through C7, chronic pain, opiate dependence, and depression. Previous treatments were noted to include physical therapy, surgery, and epidural injection. The progress note dated 05/09/2014 revealed complaints of neck pain that traveled to the right hand and low back pain that traveled to the right knee. The injured worker revealed numbness, pins and needle sensation to the right proximal leg. The injured worker rated his right arm pain as 2/10, neck pain at 3/10, and low back pain as 7/10. The physical examination of the cervical spine revealed normal sensory examination from dermatomes C2 to T1. The motor strength examination revealed decreased motor strength to the flexion and abduction rated 4/5. The range of motion to the cervical spine was diminished. The grip strength to the bilateral hands was diminished. The Request for Authorization form dated 06/09/2014 was for electromyography/nerve conduction velocity studies of the bilateral upper extremities for diminished sensation and marked weakness and atrophy of the right upper extremity and an updated MRI of the cervical spine for progression of neurological dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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

Decision rationale: The injured worker complained of neck pain that radiated to his bilateral hands. The CA MTUS/ACOEM Guidelines state physiologic evidence may in the form of definitive neurological findings physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 3 to 4 weeks. The guidelines state electromyography can be used to identify and define physiologic insult and anatomic defects. There was a lack of documentation showing significant neurological deficits such as decreased sensation in a specific dermatomal distribution. Electromyography can be utilized when radiculopathy is present on the physical examination but the affected nerve is not clear. Therefore, the request is not medically necessary.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Nerve Conduction Studies.

Decision rationale: The injured worker complained of neck pain that radiated to his bilateral hands. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than cervical radiculopathy, with caution that these tests can result in unnecessary overtreatment. There was a lack of documentation showing significant neurological deficits such as decreased sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

MRI Cervical Spine: Upheld

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: The injured worker complained of neck pain that radiated to the bilateral upper extremities. The CA MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to attempt to define a potential cause, such as an MRI for neurological deficits. The guidelines state an MRI can be used to identify and define physiologic insult and anatomic defects. There is a lack of documentation showing significant neurological deficits such as decreased sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.