

Case Number:	CM14-0107492		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2012
Decision Date:	10/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational Medicine 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:

The patient is a 51-year-old female who has submitted a claim for cervical pain, cervical radiculopathy, lower back pain, and lumbar radiculopathy associated with an industrial injury date of 08/01/2012. Medical records from 05/07/2014 to 06/05/2014 were reviewed and showed that patient complained of neck pain graded 8/10 radiating down upper extremities and low back pain graded 8/10 radiating down lower extremities. Physical examination of the cervical spine revealed tenderness over cervical facets, palpable trigger points, full ROM with moderate pain, weakness of bilateral upper extremities, and intact sensation and DTRs. Physical examination of the lumbar spine revealed tenderness over the lumbar facets, lumbar intervertebral spaces and SI joints, palpable trigger points decreased ROM with pain, weakness of bilateral lower extremities, and intact sensation and DTRs. MRI of the lumbar spine dated 02/06/2013 revealed L4-5 neural foraminal stenosis, mild degenerative changes, and no evidence of neural compromise. MRI of the cervical spine dated 05/06/2014 revealed C4 -7 mild spondylosis, C5-6 borderline spinal stenosis, C4-5 neural foraminal narrowing on the right, and no evidence of neural compromise. Of note, there was no diagnosis of a concurrent psychiatric co-morbidity. Treatment to date has included anti-inflammatory medications. Of note, there was no documentation of other forms of conservative treatment. Utilization review dated 05/22/2014 denied the request for MRI of the cervical and lumbar spine because the guideline criteria have not been met. Utilization review dated 05/22/2014 denied the request for EMG/NCV of bilateral upper and lower extremities because there was no documentation of significant change in findings since the previous consults. Utilization review dated 05/22/2014 deemed the request for consultation with neurology as medically necessary the guideline criteria's have been met.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating down bilateral lower extremities. Physical findings include weakness of bilateral lower extremities and intact sensation and DTRs of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to suggest presence of radiculopathy. Hence, there were no unequivocal objective findings that identify specific nerve compromise. Moreover, there was no documentation of treatment other than anti-inflammatory medications to provide evidence of non-response to treatment. Of note, MRI of the lumbar spine was done on 02/06/2013, which did not identify neural compromise. It is unclear as to why a repeat MRI study is needed. Therefore, the request for MRI of the Lumbar Spine is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic Resonance Imaging (MRI)

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of neck pain radiating down bilateral upper extremities. Physical findings include weakness of bilateral upper extremities and intact sensation and DTRs of upper extremities. The patient's clinical manifestations were not

consistent with a focal neurologic deficit to suggest presence of radiculopathy. Hence, there were no unequivocal objective findings that identify specific nerve compromise. Moreover, there was no documentation of treatment other than anti-inflammatory medications to provide evidence of non-response to treatment. Of note, MRI of the cervical spine was done on 05/06/2014, which did not identify neural compromise. It is unclear as to why a repeat MRI study is needed. Therefore, the request for MRI of the Cervical Spine is not medically necessary.

Consultation with Neurology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Independent Medical Examinations and Consultations Chapter, pages 127 and 156

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of neck pain radiating down bilateral upper extremities and low back pain radiating down bilateral lower extremities. However, there was no documentation of concurrent psychosocial factors or evidence of treatment failure to support the need for additional expertise. Furthermore, UR dated 05/22/2014 already Considered, the request for consultation with neurology medically necessary. It is unclear as to why another request for neurology referral was made. Therefore, the request for Consultation with Neurology is not medically necessary.

EMG of Bilateral Upper and Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, Chapter 11 pages 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected based on physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of neck pain radiating down bilateral upper extremities and low back pain radiating down bilateral lower extremities. Physical findings include weakness of bilateral upper and lower extremities and intact sensation and DTRs of upper and lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to suggest presence of radiculopathy. Therefore, the request for EMG of Bilateral Upper and Lower Extremities is not medically necessary.

