MAXIMUS Federal Services

Case Number:	CM14-0109843		
Date Assigned:	09/16/2014	Date of Injury:	03/30/2012
Decision Date:	10/27/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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 & 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:

The injured worker is a 54-year-old female who was reportedly injured on 03/30/2012. The most recent progress note dated 05/27/2014 was a handwritten note and very difficult to read. It appeared that there was continued cervical spine pain as well as headaches and difficulty sleeping. The exam showed positive cervicalgia as well as an axial loading test. There was a positive Tinel's and Phalen's test. The treatment plan included plans for physical therapy, an MRI of the cervical and lumbar spine, and EMG testing of the bilateral upper and lower extremities. Existing medications were recommended to be refilled. A request had been made for an MRI of the cervical and lumbar spine as well as EMG and NCV testing of the bilateral lower extremities and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI(Magnetic Resonance Imaging) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: According to the American College of Occupational and Environmental Medicine, a cervical spine MRI is recommended for patients with acute cervical pain with progressive neurologic deficit, significant trauma with no improvement in significantly painful or debilitating symptoms, a history of neoplastic (cancer), neurological abnormalities that span more than one neurological root level, previous neck surgery with increasing neurologic symptoms, fever with severe cervical pain; or, symptoms or signs of myelopathy. As the injured employee does not have any of these conditions, this request for an MRI of the cervical spine is not medically necessary.

MRI(Magnetic Resonance Imaging) lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) - Low Back Complaints - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: The ACOEM Practice Guidelines support an MRI of the lumbar spine for patients with sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. A review of the available medical records indicates that there are no documented complaints of a radiculopathy nor are there any radicular findings present on physical examination. For this reason this request for an MRI the lumbar spine is not medically necessary.

EMG(Electromyography) Bilateral lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations (electronically sited).

Decision rationale: MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a conclusive neurological exam, or a lumbar spine MRI, this request for EMG studies of the bilateral lower extremities is not medically necessary.

NCV(Nerve Conduction Velocity Test) Bilateral lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations (electronically sited).

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a conclusive neurological exam, or a lumbar spine MRI, this request for NCV studies of the bilateral lower extremities is not medically necessary.