

Case Number:	CM14-0019612		
Date Assigned:	04/30/2014	Date of Injury:	05/12/2008
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 52 year old female who reported an injury to her cervical region in May 2008. The utilization review dated 02/05/14 resulted in a denial for EMG/NCS studies of the bilateral upper extremities, MRI of the cervical spine and flexion/extension views of the cervical region as the injured worker had previously undergone electrodiagnostic studies and no information had been submitted regarding significant changes in the injured worker's symptomatology or the development of new pathology. Additionally, no neurologic findings had been submitted in a specific dermatome. The MRI request had resulted in a denial as no information had been submitted regarding the injured worker's neurologic involvement. Flexion/extension views of the cervical region are not traditionally standard of care outside of symptomatic spondylolisthesis and no information had been submitted regarding the injured worker's significant findings indicating a possible spondylolisthesis. The clinical note dated 01/10/13 indicates the injured worker complaining of cervical region pain. There is an indication the injured worker had undergone a de Quervain's release. The clinical note dated 01/20/14 indicates the injured worker complaining of a sharp pain following a period of typing on a keyboard and operating a mouse. The note indicates the injured worker having undergone x-rays, MRI and EMG/NCS studies at that time. There is also an indication the injured worker had undergone physical therapy and acupuncture treatment. The injured worker had undergone multiple cortisone injections at both wrists and hands in 2008. Upon exam the injured worker demonstrated decreased grip strength bilaterally. Tenderness was identified upon palpation of the cervical paraspinal musculature as well as the upper trapezius and scapular border. Tenderness was also identified at both wrists. The injured worker had a positive Tinel's sign. The note indicates the injured worker utilizing Gabapentin as well as Naproxen for ongoing pain relief. The AME dated 06/13/13 indicates the injured worker having ongoing upper extremity

complaints of pain. The injured worker also reported a previous right sided Achilles tendon rupture from a non-work related incident.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTROMYOGRAPHY TEST OF THE BILATERAL UPPER EXTREMITIES:

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): 177-178.

Decision rationale: The request for electrodiagnostic tests of the bilateral upper extremities is not medically necessary. The documentation indicates the injured worker having previously undergone electrodiagnostic studies of the upper extremities. Repeat electrodiagnostic studies would be indicated provided the injured worker meets specific criteria to include significant changes identified with the injured worker's symptomatology or the development of new pathology involving neurologic deficits identified by clinical exam. No information was submitted regarding the injured worker's significant changes. The previous electrodiagnostic studies were not submitted for review. Therefore, the request is not medically necessary based on American College of Occupational and Environmental Medicine guidelines.

1 NERVE CONDUCTION STUDY OF THE BILATERAL UPPER EXTREMITIES:

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): 177-178.

Decision rationale: The request for electrodiagnostic tests of the bilateral upper extremities is not medically necessary. The documentation indicates the injured worker having previously undergone electrodiagnostic studies of the upper extremities. Repeat electrodiagnostic studies would be indicated provided the injured worker meets specific criteria to include significant changes identified with the injured worker's symptomatology or the development of new pathology involving neurologic deficits identified by clinical exam. No information was submitted regarding the injured worker's significant changes. The previous electrodiagnostic studies were not submitted for review. Therefore, the request is not medically necessary based on American College of Occupational and Environmental Medicine guidelines.

1 MAGNETIC RESONANCE IMAGE OF THE 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): 177-178.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The documentation indicates the injured worker having recently undergone an MRI of the cervical spine. Repeat studies are indicated for injured workers who have demonstrated significant changes in the symptomatology or significant development of new pathology has been determined by clinical exam. No information was submitted regarding the injured worker's significant changes or the development of new pathology. Therefore, the request is not medically necessary based on American College of Occupational and Environmental Medicine guidelines.

1 CERVICAL PLAIN FILMS INCLUDING FLEXION AND EXTENSION: 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): 177-178.

Decision rationale: The request for cervical plain films including flexion/extension views is not medically necessary. Flexion/extension views of the cervical region are indicated for injured workers who have been determined to have spondylolisthesis. No information was submitted regarding the injured worker's spondylolisthesis in the cervical region. Given this factor, this request is not indicated as medically necessary based on American College of Occupational and Environmental Medicine guidelines.