MAXIMUS Federal Services

Case Number:	CM14-0120555		
Date Assigned:	10/24/2014	Date of Injury:	07/09/2013
Decision Date:	12/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 injured worker is a 35 year-old male with a date of injury of July 9, 2013. The patient's industrially related diagnoses include cervicalgia and lumbago. The disputed issues are a request for MRI of the cervical spine, an EMG/NCV of bilateral upper extremities, and medication refills (unspecified). A utilization review determination on 7/15/2014 had non-certified these requests. The stated rationale for the denial of EMG/NCV of bilateral upper extremities was: "Without a clinical presentation suggestive of cervical or lumbar radiculopathies or peripheral neuropathies, progressive neurological deficit or other neurological red flag, MTUS guidelines would not support electrodiagnostic testing of the upper or lower extremities." The stated rationale for the denial of MRI of the cervical spine was: "There is no mention of any abnormal radiographs, no red flag and as noted above no focal neurological deficits in the upper extremities. There is no indication this patient may be a surgical candidate." Lastly, the request for medication refills was denied because there was no mention what medications are to be refilled and there was no mention of the patient's response to the medications in terms of specific functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: In regard to the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. In the progress report dated 3/20/2014, the treating physician documented subjective complaints of C/S pain and headaches, and a neurological examination revealed a positive Spurling test R>L. While this is suggestive of neurological dysfunction, the ACOEM recommends that subtle neurological deficits can be identified on EMG. Furthermore, the treating physician did not indicate any red flag diagnoses and there was no additional documentation regarding failure of conservative treatment for at least 3 months. In the absence of such documentation, the request for Cervical MRI is not medically necessary.

Electromyography Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Electrodiagnostic Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: In regard to the request for EMG of bilateral upper extremities, the ACOEM Practice Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Regarding electromyography, the Official Disability Guidelines (ODG) state: "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." In the submitted medical records, the treating physician documented that the injured worker had subjective symptoms of C/S pain and headaches. On physical examination, the treating physician documented positive Spurling test, which is suggestive of neurological dysfunction. These findings are consistent with subtle focal neurologic deficits, for which the use of electrodiagnostic testing is indicated. In the case of this injured worker, the request for EMG of Bilateral Upper Extremities is medically.

Nerve Conduction Velocity Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Electrodiagnostic Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 261, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: In regard to the request for NCV of bilateral upper extremities, the ACOEM Practice Guidelines state that the 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 three or four weeks. The ACOEM Practice Guidelines Chapter 11 on pages 271-273 in Table 11-7 further state that nerve conduction studies are recommended for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." In the submitted medical records, the treating physician documented that the injured worker had subjective symptoms of C/S pain and headaches. On physical examination, the treating physician documented positive Spurling test, which is suggestive of neurological dysfunction. These findings are consistent with subtle focal neurologic deficits, for which the use of electrodiagnostic testing is indicated. In the case of this injured worker, the request for NCV of Bilateral Upper Extremities is medically necessary.

Medication Refills (Unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids, Topical Analgesics, Page(s): 67-72, 75-80, 111-113.

Decision rationale: In regard to the request for medication refills, the Utilization Review response stated that there was no mention what medications are to be refilled and there was no mention of the patient's response to the medications in terms of specific functional benefit. Therefore the treating physician provided additional documentation on 7/21/2014 requesting authorization for Diclofenac ER 100 mg, Omeprazole 20mg, Ondansetron ODT 8mg, Cyclobenzaprine 7.5mg, Tramadol ER 150mg, and Menthoderm gel (and there is a utilization review dated 7/30/2014 where each medication was addressed individually). Unfortunately, since there is no provision to modify the current request to include each medication individually, medical necessity cannot be established for refills of all the medications. Therefore, the request is not medically necessary.