

Case Number:	CM14-0132662		
Date Assigned:	08/22/2014	Date of Injury:	05/24/2001
Decision Date:	09/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/19/2014

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 Preventive 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:

According to the records made available for review, this is a 51-year-old female with a 5/24/01 date of injury. At the time (7/22/14) of request for authorization for Prevacid 30mg #30, 1 MRI of the cervical spine, 1 Bilateral Electromyography (EMG) of upper extremities, and 1 Bilateral Nerve conduction Velocity (NCV) of upper extremities, there is documentation of subjective (neck pain) and objective (tenderness over the neck area) findings, imaging findings (MRI of the cervical spine (3/25/11) report revealed small disc herniation at the C6/C7 level, mild narrowing of the canal at this level, straightening of the normal cervical lordosis which could be due to positioning or mild spasm, and mild underlying degenerative joint disease), current diagnoses (cervicalgia), and treatment to date (medications and physical therapy). Regarding Prevacid, there is no documentation of high dose/multiple NSAID; and risk for gastrointestinal events. Regarding MRI of the cervical spine, there is no documentation of diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding Bilateral Electromyography (EMG) of upper extremities, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Regarding Bilateral Nerve conduction Velocity (NCV) of upper extremities, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the records made available for review, this is a 51-year-old female with a 5/24/01 date of injury. At the time (7/22/14) of request for authorization for Prevacid 30mg #30, 1 MRI of the cervical spine, 1 Bilateral Electromyography (EMG) of upper extremities, and 1 Bilateral Nerve conduction Velocity (NCV) of upper extremities, there is documentation of subjective (neck pain) and objective (tenderness over the neck area) findings, imaging findings (MRI of the cervical spine (3/25/11) report revealed small disc herniation at the C6/C7 level, mild narrowing of the canal at this level, straightening of the normal cervical lordosis which could be due to positioning or mild spasm, and mild underlying degenerative joint disease), current diagnoses (cervicalgia), and treatment to date (medications and physical therapy). Regarding Prevacid, there is no documentation of high dose/multiple NSAID; and risk for gastrointestinal events. Regarding MRI of the cervical spine, there is no documentation of diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding Bilateral Electromyography (EMG) of upper extremities, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Regarding Bilateral Nerve conduction Velocity (NCV) of upper extremities, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Such as, Prevacid 30mg #30 is not medically necessary.

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of cervicalgia. In addition, there is documentation of a previous cervical MRI (3/25/11). However, despite documentation of subjective (neck pain) and objective (tenderness over the neck area) findings, there is no documentation of diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, the request for 1 MRI of the cervical spine is not medically necessary.

1 Bilateral Electromyography (EMG) of upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK AND UPPER BACK (ACUTE CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: The MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of a diagnosis of cervicalgia. However, despite documentation of subjective (neck pain) and objective (tenderness over the neck area) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, the request for 1 Bilateral Electromyography (EMG) of upper extremities is not medically necessary.

1 Bilateral Nerve conduction Velocity (NCV) of upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK AND UPPER BACK (ACUTE AND CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: The MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of a diagnosis of cervicgia. However, despite documentation of subjective (neck pain) and objective (tenderness over the neck area) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, one Bilateral Nerve Conduction Velocity (NCV) of upper extremities is not medically necessary.