

Case Number:	CM14-0152328		
Date Assigned:	09/22/2014	Date of Injury:	06/09/2010
Decision Date:	10/23/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/09/10. He continues to be treated for neck and back pain. He was seen by the requesting provider on 09/03/14. He was having neck pain radiating into the upper extremity with numbness and tingling of his hands. He had pain with cervical spine range of motion. Pain was rated at 7/10. Physical examination findings included upper trapezius and levator scapula muscle spasms. Spurling's testing was positive bilaterally. He had lumbar spine tenderness with positive straight leg raising bilaterally. He had decreased upper and lower extremity sensation. A cervical spine MRI in May 2009 is referenced as showing multilevel degenerative disc disease with C3/4 central canal narrowing due to a disc/osteophyte complex. He was continued at temporary total disability. Ultram, Fexmid, Neurontin, and Pamelor were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for neck and back pain. Prior testing has included an MRI scan of the cervical spine and per the RFA repeat upper extremity and lower extremity EMG and NCS testing is also requested. A repeat cervical spine MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant is being treated for chronic neck pain and has already had a cervical spine MRI. There is no identified new injury and there are no findings suggestive of significant pathology as outlined above. Therefore, the cervical spine MRI is not medically necessary.

Updated Bilateral Upper Extremities - EMG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for neck and back pain. Prior testing has included an MRI scan of the cervical spine and per the RFA repeat upper extremity and lower extremity EMG and NCS testing is also requested. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications are present, therefore, the request is not medically necessary.

Updated Bilateral Upper Extremities - NCV: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for neck and back pain. Prior testing has included an MRI scan of the

cervical spine and per the RFA repeat upper extremity and lower extremity EMG and NCS testing is also requested. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications are present, therefore, the request is not medically necessary.

Updated Bilateral EMG of the lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for neck and back pain. Prior testing has included an MRI scan of the cervical spine and per the RFA repeat upper extremity and lower extremity EMG and NCS testing is also requested. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications are present, therefore, the request is not medically necessary.

Updated Bilateral NCV of the lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for neck and back pain. Prior testing has included an MRI scan of the cervical spine and per the RFA repeat upper extremity and lower extremity EMG and NCS testing is also requested. Indications for repeat testing include the following: (1) The

development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications are present, therefore, the request is not medically necessary.