MAXIMUS Federal Services

Case Number:	CM14-0154108		
Date Assigned:	09/23/2014	Date of Injury:	01/12/2011
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 Interventional Spine 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 patient is a 49 year old female with an injury date of 01/12/11. Per the progress 08/18/14 report by [redacted] the patient presents with neck pain with pain and numbness radiating to the right upper extremity and hand as well as the buttock and right ring finger. The most recent reports provided are handwritten and to a great extent illegible. Per the 07/28/14 initial evaluation, the patient presents with constant aching neck pain traveling to the head and arms with episodes of numbness and tingling in the hands. She further presents with daily intermittent sharp pain in the shoulders traveling to the arms; daily intermittent aching in the elbows with pain traveling with numbness and tingling to the forearms and hands; intermittent daily sharp, shooting burning pain in the wrists and hands; daily intermittent pain in the lower back traveling to the legs with numbness and tingling down to the feet. Examination of the cervical spine reveals no positive othropaedic tests with restricted range of motion. Upper extremity neurologic examination reveals tests within normal limits and no sensory defects are noted. The patient's diagnoses include: 1. Cervical degenerative disc disease2. Cervical radicular syndrome, bilateral3. Rule out brachial plexopathy4. Lumbar sprain and strain5. Degenerative disc disease, lumbar spine6. Lumbar radicular syndrome The utilization review being challenged is dated 08/27/14. The rationale regarding EMG/NCV nerve studies is that there are no neurological deficits noted and evidence of a recent comprehensive non-operative treatment protocol trial and failure has not been submitted. Reports were provided from 12/02/13 to 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic, MRIs Topic

Decision rationale: The patient presents with "neck pain traveling to the right upper extremity and hand along with daily shoulder pain traveling to the arms." The treater requests for MRI of the cervical spine. The reason for the request is not stated. The 07/28/14 initial report states that the patient has had multiple MRI scans of the cervical and lumbar spines as well as electromyogram/nerve conduction studies; however, there has not been an opportunity to review them and further states the patient should have access to further diagnostic studies such as MRI and EMG. The 12/11/13 report by [redacted] cites MRI findings of the cervical spine as an objective factor of disability. No MRI studies are among the reports provided. There is no discussion of new injury, progressive neurological findings or red flags. ODG guidelines state that, "repeat MRI is not routinely recommended and should be reserved for significant change of symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery." In this case, the patient has had a prior MRI of the cervical spine and the treater does not explain why another one is needed. There are no red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant an MRI. There is no new injury or significant change in clinical presentation requiring another set of MRI. The request is not medically necessary.

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The patient presents with "neck pain traveling to the right upper extremity and hand along with daily shoulder pain traveling to the arms." The treater requests for EMG/NCV Bilateral upper extremities. There is no discussion by the treater regarding the reason for this request in the reports provided. The 07/28/14 initial report by [redacted] states the patient received repeat EMG/NCV studies to her upper extremities In January 2011. The reports provided did not include any EMG/NCV studies. This report further states that the patient has had multiple MRI scans of the cervical and lumbar spines as well as

electromyogram/nerve conduction studies; however, there has not been an opportunity to review them and states the patient should have access to further diagnostic studies such as MRI and EMG. MTUS does not discuss NCV. ACOEM does allow for nerve conduction studies to confirm the diagnosis of CTS or differential radiculopathy. In this case, the reports provided indicate there is a prior study and there is no explanation by the treater why this needs to be repeated. There is no new injury, no progressive neurologic deficit and no new findings on examination. The request is not medically necessary.