MAXIMUS Federal Services

Case Number:	CM14-0154135		
Date Assigned:	09/23/2014	Date of Injury:	01/28/2013
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
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 and is licensed to practice in Los Angeles. 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 48-year-old male who sustained a work-related injury on 01/28/2013 when he lifted a block of cement. He felt pain in his back and lower extremities. The pain radiated down his legs to his feet. Diagnostic impressions from a progress report of 09/19/14 are cervical disc protrusion at C3-C4 to C6-7 with facet hypertrophy, neural foraminal stenosis, and spinal stenosis, per MRI, cervical spondylosis, at C3-4 and C4-5 per MRI, lumbar disc protrusion at multiple levels with facet hypertrophy, neural foraminal stenosis and spinal stenosis, per MRI, lumbar spondylosis per MRI, and lumbar disc degeneration at L4-5 per X-Ray. Subjectively from the progress report of 9/19/14, the patient complains of constant 5/10 stabbing pain in the neck with numbness and 5/10 stabbing low back pain and cramping. Objectively, sensation is decreased globally in the left upper and lower extremity. Cervical ranges of motion are decreased and painful. There is 3+ tenderness to the cervical area with muscle spasm upon palpation. Cervical compression causes pain as does shoulder depression bilaterally. Lumbar ranges of motion are decreased and painful. There is 3+ tenderness to palpation of lumbar paravertebral muscles. Kemps and SLR cause pain bilaterally, and Valsalva's causes pain. In addition, the patient is diagnosed with lumbar radiculitis, and a psychological component exists. Prior utilization reviews dated 09/2/14, states the request for MRI of the cervical spine, MRI of the lumbar spine, EMG/NCV of bilateral upper extremities with follow up and return to clinic visits for 4-6 weeks are not approved as medical necessity has not been established.

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): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic Resonance Imaging

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that for patients with limitations of activity after four weeks and unexplained physical findings, such as effusions or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. There is no supporting documentation of any new progressive neurologic deficits or changes from prior MRI findings to support the necessity of this request. Based on the lack of supporting this request is not medically necessary.

MRI of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines online treatment guidelines, http://www.odg-twc.com/odgtwc/Low_Back.html

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, Magnetic Resonance Imaging

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that for patients with limitations of activity after four weeks and unexplained physical findings, such as effusions or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. There is no supporting documentation of any new progressive neurologic deficits or changes from prior MRI findings to support the necessity of this request. Based on the lack of supporting this request is not medically necessary.

Electromyography (EMG) of The Bilateral Upper Extremities: 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 (http://www.odg-twc.com/odgtwc/neck.html)

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, Electromyography

Decision rationale: According to the Chronic Medical Pain Treatment Guideline, Electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with symptoms lasting more than three to four weeks. Guidelines also states it may be used to obtain

unequivocal evidence of radiculopathy, after one-month conservative therapy, but are not necessary if radiculopathy is already clinically obvious. There is no supporting documentation of any new progressive neurological deficits in the upper extremities or no red flag since prior imaging to support the necessity of this request therefore, it is not medically necessary.

Nerve Conduction Velocity (NCV) of The Bilateral Upper Extremities: 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 MTUS Official Disability Guidelines (http://www.odg-twc.com/odgtwc/neck.html)

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, Nerve Conduction Studies

Decision rationale: According to the Official Disability Guidelines, Nerve Conduction Studies are not recommended when patients presumed to have symptoms based on radiculopathy. There is no supporting documentation of any new progressive neurological deficits in the upper extremities or no red flag since prior imaging to support the necessity of this request therefore, it is not medically necessary.