

Case Number:	CM14-0178175		
Date Assigned:	10/31/2014	Date of Injury:	02/25/2010
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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 & Rehabilitation and is licensed to practice in North Carolina. 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 33-year old female reported injury on 02/25/2010. The mechanism of injury was pulling. Her diagnoses included cervical disc bulge with radiculitis, rotator cuff tear of the right shoulder, lumbar disc herniation, and right carpal tunnel syndrome. Her past treatments included 6 cervical epidural steroid injections. There were no diagnostic studies submitted for review. On 09/26/2014, the injured worker complained of constant pain across the right shoulder with a rating of 7/10, constant pain of the right wrist with a rating of 6/10, and occasional pain to the right region of the neck with a rating of 10/10. Her cervical range of motion was 30/50 degrees flexion, 30/60 degrees extension; 25/45 degrees left lateral flexion, 30/45 degrees right lateral flexion, 50/80 degrees rotation and 30/80 degrees right rotation. The injured worker was noted to be taking unspecified "pain pills." The treatment plan included an MRI of the right shoulder, MRI of the cervical spine, acupuncture (6 sessions) for the right shoulder and cervical spine and electromyography/nerve conduction velocity tests of the upper extremities, with a re-evaluation in 4 weeks. The rationale for the request MRI of the cervical spine was not provided within the documentation. The Request for Authorization form was dated 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI (magnetic resonance imaging) 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for 1 MRI (magnetic resonance imaging) of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate that most patients who present with true neck or upper back problems will not require special studies until a 3 to 4 week period of conservative care and observation fails to improve the symptoms. The guidelines also state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. As there is no evidence of failed conservative care, including physical therapy medications or a home based strengthening program. The injured worker had presented with decreased range of motion to the cervical spine; however, no documentation of neurological deficits was submitted. Furthermore with the amount of time that has passed, there is lacking documentation of prior diagnostic and treatment history, including whether he has had a previous MRI of the cervical spine. As such, the request for 1 MRI of the cervical spine is not medically necessary.

1 EMG (electromyography)/NCV (nerve conduction velocity) of the upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212, 33, 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for 1 EMG (electromyography)/NCV (nerve conduction velocity) of the upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines indicate that Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. As there is no evidence of failed conservative care, including physical therapy medications or a home based strengthening program. The injured worker had presented with decreased range of motion to the cervical spine; however, no documentation of neurological deficits was submitted. Furthermore with the amount of time that has passed, there is lacking documentation of prior diagnostic and treatment history, including whether he has had prior bilateral EMG (electromyography)/NCV (nerve conduction velocity) of the upper extremities. As such, the request for 1 EMG/NCV of the upper extremities is not medically necessary.

6 acupuncture sessions of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture sessions of the cervical spine is not medically necessary. The Acupuncture Medical Treatment Guidelines indicate that acupuncture is used an option when pain medication is reduced or not tolerated and can be used in combination with physical rehabilitation or surgical intervention to facilitate a functional recovery. It is indicated that with the beginning of acupuncture, improvements should be seen within 3 to 6 treatments, and treatments should be performed 1 to 3 times per week, and should be followed with documentation of functional improvement. The injured worker had complaints of intermittent pain to the right region of the neck, with a decrease in range of motion, and had previously received 6 epidural steroid injections. Additionally there is no submitted evidence of therapy or home exercise with documentation of function improvement or failure. As such, the request for 6 acupuncture sessions of the cervical spine is not medically necessary.