

Case Number:	CM14-0026607		
Date Assigned:	06/13/2014	Date of Injury:	10/26/1999
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family 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:

The injured worker is a 57-year-old female who sustained an injury to her neck on 10/26/99 when she was rear-ended in traffic causing a whiplash injury. She presented to an urgent care facility where she was examined. She was treated with physical therapy, acupuncture and medications that only made her pain worse. She continued to complain of diffuse and deep pain throughout her body that was global in nature. She also noted significant pain in her shoulders that would radiate down the bilateral upper extremities at 7-8/10 VAS. Physical examination of the neck lacked 30 left and right lateral rotation; mildly decreased flexion; mild decrease in extension; mild to moderate tenderness on palpation of the paracervical muscles, more pronounced on palpation of the sternocleidomastoid and levator scapulae muscles. Plain radiographs of the cervical spine showed narrowing of the C4-5, C5-6 and C6-7 interspaces.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF CERVICAL SPINE WITHOUT CONTRAST: 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 chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for MRI of the cervical spine without contrast is not medically necessary. There was no report of a new acute injury or exacerbation of previous symptoms. There were no focal neurological deficits. There was no indication of decreased motor strength, increased reflex or sensory deficits on physical examination. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There was no mention that a surgical intervention was anticipated. The injured worker's date of injury was over 13 years ago and there was no information in the records provided that would indicate if the injured worker has had a cervical MRI previously. There were no additional significant 'red flags' identified. Given this, the request for MRI of the cervical spine without contrast is not medically necessary.

EMG/NCV STUDY OF THE UPPER 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 Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The request for EMG/NCV study of the bilateral upper extremities is not medically necessary. The injured worker had previously underwent an EMG/NCV study. The injured worker could not tolerate NCV portions, so it was discontinued. The EMG study revealed to findings associated with cubital tunnel syndrome. There was no additional significant objective clinical information that would warrant a repeat study. Given this, medical necessity of the request for EMG/NCV study of the bilateral upper extremities has not been established.

PAIN PSYCH EVALUATION/RE-EVALUATION: 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 chapter, Office visits Office visits.

Decision rationale: The request for pain psychological evaluation/reevaluation is not medically necessary. The injured worker has already undergone a psychiatric evaluation and was prescribed group therapy and medications. The injured worker is already deemed to be at permanent medical improvement for the work-related injury. Given this, the medical necessity of the request for pain psychological evaluation/reevaluation is not indicated as medically necessary.

COGNITIVE BEHAVIORAL THERAPY (CBT) X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23.

Decision rationale: The request for Cognitive Behavioral Therapy (CBT) x 12 is not medically necessary. The injured worker has already undergone a psychiatric evaluation and was prescribed group therapy and medications. The injured worker is already deemed to be at permanent medical improvement for the work-related injury. Given this medical necessity of the request for CBT x 12 is not indicated as medically necessary.