MAXIMUS Federal Services

Case Number:	CM14-0028545		
Date Assigned:	06/16/2014	Date of Injury:	10/18/2010
Decision Date:	12/30/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Interventional Spine Pain Management 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 51 year old female with an injury date of 10/18/10. Based on the 06/02/14 progress report provided by treating physician, the patient complains of neck pain with bilateral upper extremity radiating symptoms. Physical examination to the cervical spine revealed tenderness to palpation to the paravertebral and upper trapezius muscles. Range of motion was decreased, especially on bilateral lateral bending 30 degrees. Hypesthesia to bilateral upper extremity in patchy distribution. Patient's medications include Tylenol #3, Neurontin, Prilosec, Fexmid and Amitriptyline. Patient is temporarily totally disabled. Diagnosis 06/02/14 are cervical spine sprain/strain with bilateral upper extremity radiculopathy, MLDB 2-3mm, C2-C6 3-4mm; retrolisthesis C5 on C6 (MRI 07/22/11) with history of prior Cervical ESI June 2012, (NCV/EMG September 2012); lumbar spine sprain/strain and prior lumbar spine medial branch block August 2012. The utilization review determination being challenged is dated 03/04/14. Treatment reports were provided from 07/28/13 - 06/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Images of the cervical spine quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

MAXIMUS 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 (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with neck pain with bilateral upper extremity radiating symptoms. The request is for Magnetic Resonance Images of the cervical spine quantity 1. Physical examination to the cervical spine on 06/02/14 revealed tenderness to palpation to the paravertebral and upper trapezius muscles. Range of motion was decreased, especially on bilateral lateral bending 30 degrees. Hypesthesia to bilateral upper extremity in patchy distribution. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states:" Not recommended except for indications list below. Indications for imaging MRI (Magnetic Resonance Imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present and Neck pain with radiculopathy if severe or progressive neurologic deficit ". Provider has not provided reason for the request. Patient's diagnosis dated 06/02/14 included cervical spine sprain/strain with bilateral upper extremity radiculopathy, MLDB 2-3mm, C2-C6 3-4mm, and retrolisthesis C5 on C6 per MRI dated 07/22/11. Though this patient presents with radicular symptoms there is no evidence of progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms. In this case, patient does not present with any red flags such as myelopathy, bowel/bladder symptoms and examination is unremarkable. Therefore, this request is not medically necessary.

Electromyography of the bilateral upper extremities quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with neck pain with bilateral upper extremity radiating symptoms. The request is for Electromyography of the bilateral upper extremities quantity 1. Physical examination to the cervical spine on 06/02/14 revealed tenderness to palpation to the paravertebral and upper trapezius muscles. Range of motion was decreased, especially on bilateral lateral bending 30 degrees. Hypesthesia to bilateral upper extremity in patchy distribution. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS),

or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Patient's diagnosis dated 06/02/14 included cervical spine sprain/strain with bilateral upper extremity radiculopathy (MRI 07/22/11), history of prior Cervical ESI June 2012, and NCV/EMG September 2012. Patient presents with radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. However, provider has not provided reason for the request for repeat electrodiagnostic study. Therefore, this request is not medically necessary.

Nerve Conducting Velocity of the bilateral upper extremities quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with neck pain with bilateral upper extremity radiating symptoms. The request is for Nerve Conducting Velocity of the bilateral upper extremities quantity 1. Physical examination to the cervical spine on 06/02/14 revealed tenderness to palpation to the paravertebral and upper trapezius muscles. Range of motion was decreased, especially on bilateral lateral bending 30 degrees. Hypesthesia to bilateral upper extremity in patchy distribution. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pages 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Patient's diagnosis dated 06/02/14 included cervical spine sprain/strain with bilateral upper extremity radiculopathy (MRI 07/22/11), history of prior Cervical ESI June 2012, and NCV/EMG September 2012. Patient presents with radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. However, provider has not provided reason for the request for repeat electrodiagnostic study. Therefore, this request is not medically necessary.