

Case Number:	CM14-0037434		
Date Assigned:	06/25/2014	Date of Injury:	04/01/1993
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 Arizona. 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:

Patient is a 52-year-old with a date of injury on April 1, 1993. Diagnoses include cervical radiculopathy, neck pain, and numbness of skin. Patient is status post cervical fusion in 1999, right rotator cuff surgery in 1994, and right elbow and bilateral carpal tunnel release in 1995. Subjective complaints are of increasing neck pain with radiation to the left arm, curling of the left fingers of which patient cannot fully straighten. Physical exam shows cervical spine with decreased range of motion, and tenderness and spasm of the trapezius and paraspinal muscles. Strength was 4/5 in bilateral upper extremities and 2/4 bicep reflexes. Weakness of the left hand was present with inability to straighten out left middle/ring/pinky finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the cervical spine: Upheld

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

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, COMPUTED TOMOGRAPHY.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines supports cervical imaging for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination or electrodiagnostic studies. The ODG suggests CT is indicated for known cervical spine trauma with equivocal or positive plain films, and with neurological deficit. For the evaluation of a patient with chronic neck pain, plain radiographs should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. This patient's documentation does not indicate a history of cervical spine trauma, progressive red flag symptoms, and there is no evidence of x-ray results. Therefore, the request for a CT of the cervical spine is not medically necessary or appropriate.

EMG (Electromyography) of the bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182 , 213, 261 and 269.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines suggest EMG as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms show evidence of nerve root involvement versus carpal tunnel syndrome or other peripheral entrapment. An EMG could help clarify the location and extent of pathology. Therefore, the request for an EMG of the bilateral upper extremities is medically necessary and appropriate.

NCS (Nerve Conduction Study) of the bliateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 179, 182 , 213, 261 and 269.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines suggest EMG/NCV as a means of detecting physiologic insult in the upper

back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence shows possible cervical root symptoms versus carpal tunnel syndrome or other peripheral entrapment. Electrodiagnostic studies could be helpful in identifying the source of pathology. Therefore, the request for an upper extremity nerve conduction study is medically necessary and appropriate.

Physical therapy, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND, PHYSICAL THERAPY.

Decision rationale: The submitted documentation and the request as written do not identify the anatomical area for physical therapy. The ODG recommends 1-3 visits for carpal tunnel syndrome, and up to 9 visits for sprain/strains of wrist and trigger fingers. The records do not identify the supporting diagnosis which should guide therapy. Furthermore, documentation does not provide record of the prior amount of physical therapy. Therefore, the request for physical therapy, twice weekly for three weeks, is not medically necessary or appropriate.