MAXIMUS Federal Services

Case Number:	CM14-0043439		
Date Assigned:	07/02/2014	Date of Injury:	12/05/2005
Decision Date:	08/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational Medicine and is licensed to practice in New York and 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 patient is a 52 year old male former truck driver, claims injury 12/5/2005 when rear-ended in a motor vehicle accident with another truck. He is diagnosed with cervicalgia, brachial neuritis, neck sprain and lumbosacral neuritis. He is under the care of a pain management specialist. He is requesting reversal of the denial (3/10/14) for upper and lower extremity EMG/NCS and MRI of the cervical and lumbar regions. Cervical MRI 5/29/07 was deemed to be essentially normal. Lumbar MRI 11/29/06 showed multilevel diffuse discogenic disease. Repeat cervical MRI on 7/13/11 was unremarkable. Repeat lumbar MRI 7/12/11 showed a central disc protrusion at L5-S1 with an annular tear. There was no nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic Nuclear Resonance Imaging (MRI).

Decision rationale: The ACOEM Guidelines indicate that special studies are needed in the following circumstances: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. None of these criteria were met. The goal of the MRI would be to identify an anatomic defect. He has had two MRIs previously that have failed to identify any surgical lesions. Per ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Therefore the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: This worker did not have the emergence of red flag signs documented that would warrant additional study. He has had 2 MRI studies which were not revealing. There were no neurologic findings to suggest that any progressive deficits were elucidated. Per ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Therefore the request is not medically necessary

Electromyography of upper extremities: 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 8 Neck and Upper Back Complaints Page(s): 181-182 and 178-179.

Decision rationale: The ACOEM guidelines state that EMG may be used to detect neurologic abnormalities. However, EMG for the diagnosis of nerve root involvement is not recommended if findings of history, physical exam and imaging study are consistent. He has had at least two cervical MRIs which were not revealing. There is not documentation of progressive neurologic deficits. The ACOEM Guidelines indicate that special studies are needed in the following circumstances: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. None of these criteria were met. The study is not recommended.

Electromyography of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography).

Decision rationale: This worker did not have the emergence of red flag signs documented that would warrant additional study. He has had 2 MRI studies which were not revealing. There was no neurologic findings to suggest that any progressive deficits were elucidated requiring neurodiagnostic testing. The request is not medically necessary.

Nerve Conduction Velocity of the upper extremities: 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 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM Guidelines indicate that special studies are needed in the following circumstances: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. None of these criteria were met. Therefore the request is not medically necessary.

Nerve Conduction Velocity of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back,Nerve conduction studies (NCS).

Decision rationale: This worker did not have the emergence of red flag signs documented that would warrant additional study. He has had 2 MRI studies which were not revealing. There were no neurologic findings to suggest that any progressive deficits were elucidated. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing them when a patient has symptoms of radiculopathy. There is little evidence to support its use. The request is not medically necessary.