

Case Number:	CM14-0051152		
Date Assigned:	07/07/2014	Date of Injury:	10/20/2012
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 25 year old female who was injured on 10/20/12 while carrying a heavy plate to a table. The injured worker is diagnosed with cervical sprain, left shoulder strain and left wrist pain. Treatment has consisted of medications and physical therapy. Records reference a magnetic resonance image of the cervical spine dated 01/23/13 which reportedly revealed no evidence for cervical disc herniation with loss of the cervical lordosis with straightening and mild flexion at the C5-6 level, possibly due to a muscular spasm. Electromyogram/nerve conduction velocity (EMG/NCV) of the left upper extremity dated 02/01/13 is referenced and reported to reveal a nonspecific findings suggestive of very mild left C6 radiculopathy. These studies are not submitted for review. There are no physical examinations from January or February of 2013 submitted for review. Physical examination dated 03/18/14 reveals decreased cervical range of motion with normal sensation at dermatomes C2 through T1 normal and non-dermatomal sensory loss in the left upper extremity. Motor testing of the cervical muscle groups is 5/5. There is limited range of motion in bilateral shoulders, more significant on the left. Bilateral range of motion about the elbows and wrists is normal. A second EMG/NCV of the left upper extremity and a second magnetic resonance image of the cervical spine is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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 Chapter, sections on Electrodiagnostic studies, Electromyography and Nerve conduction studies.

Decision rationale: Per American College of Occupational and Environmental Medicine, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Submitted documentation does not indicate the injured worker's pain is radiating and physical examinations do not reveal sensory deficits or diminished reflexes about the upper extremities. A previous EMG/NCV was performed on 02/01/13 and included a non-specific finding suggestive of a C6 radiculopathy and a normal NCV. There are no physical examinations submitted from the time of the initial EMG/NCV to compare with current examinations, thus changes in symptoms or findings are not noted. Medical necessity for further testing with EMG/NCV of the left upper extremity is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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 Chapter, Magnetic resonance imaging section.

Decision rationale: An initial magnetic resonance image (MRI) of the cervical spine was performed on 11/16/12 revealing no significant pathology. American College of Occupational and Environmental Medicine addresses the criteria for ordering imaging studies but does not address the use of repeat studies. Official Disability Guidelines does not support the use of a repeat MRI unless significant changes in symptoms and/or findings suggestive of significant pathology are noted. There are no physical examination submitted for review which detail the injured worker's functional abilities or limitations at the time of the initial MRI. As such, findings of significant changes upon physical examination or changes in symptoms are absent. Further diagnostic testing in the form of an Electromyogram/nerve conduction velocity has also been performed with findings that may be suggestive of a mild radiculopathy. Based on the clinical information provided, medical necessity of a second MRI of the cervical spine is not medically necessary.