

Case Number:	CM14-0065485		
Date Assigned:	09/18/2014	Date of Injury:	11/04/2006
Decision Date:	10/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 patient is a 65-year-old female with an 11/4/06 date of injury, when she reached for an object and felt pain in the neck, left shoulder, and in the left arm area. A 6/23/14 progress note described a follow-up, following imaging studies (cervical MRI and DEXA bone scan). MRI of the thoracic spine was recommended secondary to a progressive balance disorder and worsening pain in the thoracic spine with no cervical lesion to explain these clinical findings. It is noted that the patient is status post C3-C6 fusion performed on 3/12/13 with cardiac catheterization and percutaneous intervention in 2008. A 4/8/14 progress note described neck pain with radiation into the fingers (7-8/10). There was weakness in the upper extremities with spasms and cramping in the hands/fingers. Clinically, there was mild intrinsic atrophy bilaterally and mild left thenar atrophy compared to the right. Strength assessment included 4/5 strength on the right wrist extension and trace on the left. Finger abduction was 4/5 bilaterally. DTRs (deep tendon reflex) included 1+/2 in bilateral triceps and brachioradialis. Tinel's and compression testing was negative at the carpal tunnels. There was noted progressive weakness, and imaging studies, as well as EMG/NCV studies were requested. It was noted that the patient has a stent and MRI compatibility would be evaluated with the cardiologist, after which an MRI would be performed to evaluate ongoing weakness. Interosseous atrophy and weak grip strength, as well as balance issues were concerning. The provider indicated a need to evaluate for spinal cord compression below the fusion at C7-T1. A 5/5/14 MRI of the cervical spine revealed postoperative changes; focal area of myelomalacia involving the spinal cord at C6 within the left lateral aspect where there is abnormal signal and cord volume loss; focal right lateral recess disc protrusion at the level of C4-5 with slight effacement of the ventral subarachnoid space; left paracentral disc protrusion at C5-6. 6/2/14 EMG/NCV studies revealed evidence of sensory-motor polyneuropathy with predominant involvement of the sensory fibers; superimposed bilateral

median neuropathies at the wrist line; chronic left cervical radiculopathy at C5-6 and C6-7, and probably at C7-8. Prior imaging has included CT on 2/8/13 revealed evidence of fusion C3-7 with preserved alignment; no central or foraminal stenosis; and intact hardware. MRI of the cervical spine from 5/23/11 was reviewed. An 8/20/13 progress note described cervical spine pain with radiation into the upper extremities. A MRI was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304 and table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), Low Back Chapter (Lumbar and Thoracic) ODG states that an MRI is indicated in: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month

Decision rationale: The prior adverse determination indicated that the patient could not have an MRI secondary to heart stents. Review of the records indicate that the patient has had multiple MRIs in the past. CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Although plain film radiographs were not documented, gait analysis showed that the patient walks with a wide-based gait and utilizes a front wheeled walker for ambulation, with DTRs of +2/+3 of the knees and absent in the ankles bilaterally and (-) clonus. Failure to respond to treatment was evident wherein different modalities were offered to help the patient and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit, as is present in this patient thru the DTRs and Motor/Sensory deficits, weakness, numbness and the absence/presence of several neurologic signs and symptoms. Presenting and subsequent worsening of the signs and symptoms, as described above, of the patient owing to the deteriorating radiculopathy and neuropathy that cannot be solely attributed to a lesion/lesions located/situated above the surgical fusion level, or the cervical level, warranted further investigation and subsequent consideration of a lower or thoracic level of involvement, hence the request made. Therefore, medical necessity for this request has been established.

MRI of the cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Indications for Imaging ODG's Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, rad

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction, which is evident in this patient wherein PE findings show, decreased sensation on the left C6-C7 dermatome, decreased sensation on the right C5 dermatome, weakness in the upper extremities with spasms and cramping in the hands/fingers were also noted. Clinically, there was mild intrinsic atrophy bilaterally and mild left thenar atrophy compared to the right. Failure to progress in a strengthening program intended to avoid surgery was also evident wherein progressive weakness was noted in terms of MMT results; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies such as the EMG/NCV done last 6/2/2014 showed sensory-motor polyneuropathy and bilateral median neuropathies. Previous request for an MRI of the cervical spine without contrast was denied due to a conflict in the requisites of an MRI with the patient having a stent due to her existing cardiac pathology. Review of the records indicates that the patient has had multiple MRIs in the past. This patient is status post multilevel cervical fusion with evidence of progressive neurologic deficit. Furthermore, deteriorating and worsening radiculopathy, and neuropathic symptoms as described above necessitated and warranted the MRI of the cervical spine that was eventually undertaken. Therefore medical necessity for this request has been established.

Nerve conduction velocity of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, electromyography (EMG) ODG states that electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. As observed, the patient still had persistent severe neck pains with numbness on the shoulders with pain scores of 6-8/10. Mid to low thoracic spine complaints around the T6-8, with balance issues were also noted. Pain and numbness in the elbows, 5-8/10 and hands/fingers at 7-8/10 were also observed. Hypothenar atrophy was already observed bilaterally, with decreased sensation of the right C6-7-8

dermatome distribution. Both upper extremity EMGs as well as peripheral nerve conduction studies are needed to differentiate the root and level of compressive neuropathies. Medical necessity for this request has been established.