

Case Number:	CM14-0073743		
Date Assigned:	07/16/2014	Date of Injury:	03/19/2014
Decision Date:	09/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records presented for review, indicate that this 56-year-old male was reportedly injured on March 19, 2014. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 15, 2014, indicated that there were ongoing complaints of neck and low back pain. The physical examination demonstrated tenderness to palpation in the cervical spine, hypertonicity of the lumbar paraspinal muscles, decrease sensation in the L5 and S1 distributions as well as a decrease in muscle strength on the left in the L4, L5 and S1 distributions. Diagnostic imaging studies are being requested. Previous treatment included medications and physical therapy. A request had been made for magnetic resonance imaging (MRI) of the cervical spine, magnetic resonance imaging (MRI) lumbar spine, bilateral upper and lower extremity nerve conduction study/ electromyography (NCS/EMG) testing and medications and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited).

Decision rationale: Subsequent to the prior non-certification, the requesting provider has written a detailed narrative indicating that there are changes consistent with acute cervical pain, a persistent progressive neurological deficit (sensory loss and motor function loss) and there are multiple level neurological abnormalities identified. Therefore, based on this additional clinical information now presented (not previously submitted) and by the parameters outlined in the ACOEM guidelines, this request is medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders-Diagnostic Investigations-MRI (Electronically Cited).

Decision rationale: Subsequent to the prior non-certification, the requesting provider has written a detailed narrative indicating that there are changes consistent with acute low back pain, a persistent progressive neurological deficit (sensory loss and motor function loss) and there are multiple level neurological abnormalities identified (motor and sensory loss at L4, L5 & S1 dermatomes). Therefore, based on this additional clinical information now presented, (not previously submitted), and by the parameters outlined in the ACOEM guidelines, this request is medically necessary.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. It is noted that appropriate imaging studies have not been completed that have or would demonstrate possible nerve root compromise. As such, while noting there are some findings in the distal extremity, this request is premature at this time.

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders-Diagnostic Investigations (Electronically Cited).

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing lower extremity symptoms. The claimant has signs and symptoms consistent with a radiculopathy; however, there is no objectification of a specific nerve root compromise noted on enhanced imaging studies. Therefore, based on the clinical information now presented, this request is premature and not medically necessary at this time.

Hydrocodone 7.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78, 88, 91.

Decision rationale: As noted in the MTUS, this medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. However, continued use requires objective occasion of improvement in the functional status, use of the medication at the lowest possible levels, and that there is a decrease in symptomatology. The progress notes presented for review indicate ongoing complaints of pain and no real efficacy associated with the use of this narcotic medication. As such, based on the clinical information presented for review, this is not medically necessary.

Kera-Tek Gel 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: This is a topical preparation containing methyl salicylate and menthol. As outlined in the MTUS, such preparations are "largely experimental," as there have been few randomized trials establishing the utility of such a preparation. Furthermore, the medical records do not indicate that there is any significant efficacy in terms of pain relief, increased functionality or decreased symptomatology. Therefore, based on the lack of any noted improvement, this medical necessity for this topical preparation has not been established.

Nerve conduction study (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. It is noted that appropriate imaging studies have not been completed that have or would demonstrate possible nerve root compromise. As such, while noting there are some findings in the distal extremity, this request is premature at this time.

Nerve conduction study (NCS) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders-Diagnostic Investigations (Electronically Cited).

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing lower extremity symptoms. The claimant has signs and symptoms consistent with a radiculopathy; however, there is no objectification of a specific nerve root compromise noted on enhanced imaging studies. Therefore, based on the clinical information now presented, this request is premature and not medically necessary at this time.