

Case Number:	CM14-0077356		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2005
Decision Date:	11/04/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 65-year-old female who reported an injury of unspecified mechanism on 04/02/2005. On 11/20/2013, it was noted that she had a work related injury to her spine. Her complaints included significant pain in her cervical spine. She was taking "anti-inflammatories, pain pills and muscle relaxers". On examination, her cranial nerves were normal. Her motor examination was normal. Her reflexes were symmetrical. There were diffuse spasms to her cervical spine. The treatment plan included a TENS unit, which had helped her in the past. On 01/02/2014, her pain was increasing in her cervical spine with symptoms occasionally radiating distally. On 02/13/2014, it was noted that the pain in her neck was increasing despite the TENS unit. She was also getting pain in her lower back with sciatic symptoms. There were diffuse spasms in both the cervical and lumbar spine. Her treatment plan included that since her condition was worsening, the provider was concerned that she was getting much more severe nerve impingement syndrome throughout her spine. The plan was to repeat the evaluation to get objective evidence about just how severe it was and to direct the appropriate treatment. The plan included an MRI of the cervical and lumbar spine and electrodiagnostic testing of the cervical and lumbar spine and extremities. There was no Request for Authorization included in this injured worker's chart.

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: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results because of the possibility of identifying a finding that was present before symptoms began and therefore had no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurological deficit associated with acute trauma, tumor or infection are present. This injured worker had normal cranial nerve examination and motor examination. There were no red flags documented for fracture or neurological deficit associated with acute trauma, tumor or infection. Additionally, the request did not specify whether this MRI was to be with or without contrast. Therefore, this request for MRI of the cervical spine is not medically necessary.

MRI of the Lumbar Spine: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, MRIs

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results because of the possibility of identifying a finding that was present before symptoms began and therefore had no temporal association with the symptoms. False positive test results have been found in up to 50% of those over age 40. MRIs are specifically not recommended for lumbosacral strain. It is recommended for disc protrusion. The Official Disability Guidelines recommend an MRI for uncomplicated low back pain is not recommended until after at least 1 month of conservative therapy. Conservative care includes a self-performed exercise program as an extension of prior physical therapy that includes ongoing back strengthening and flexibility exercises, as well as aerobic exercises and recommended appropriate drug therapies, which include trials of antidepressants and/or anticonvulsants in conjunction with analgesics. There was no documentation submitted that this worker was participating in a home exercise program or prior physical therapy. There was no documentation of failed trials of antidepressants and/or anticonvulsants. Additionally, the request did not specify whether the requested MRI was to be performed with or without contrast. Therefore, this request for MRI of the lumbar spine is not medically necessary.

EMG/NCV bilateral upper extremities: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for EMG/NCV bilateral upper extremities is not medically necessary. Per the California ACOEM Guidelines electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam and/or imaging are consistent. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. There was no evidence submitted that this injured worker was a surgical candidate or was being considered for epidural injections. The need for these electrodiagnostic studies was not clearly demonstrated in the submitted documentation. Therefore, this request for EMG/NCV bilateral upper extremities is not medically necessary.

EMG/NCV bilateral lower extremities: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 710-711.

Decision rationale: The request for EMG/NCV bilateral lower extremities is not medically necessary. Per the California ACOEM Guidelines electrodiagnostic studies are not recommended for patients with acute, subacute or chronic back pain who do not have significant lower extremity pain or numbness. The guidelines suggest that assessment of patients should include general observations, including changes in positions, stance and gait, regional examination of the spine, neurological examination, testing for nerve root tension and monitoring pain behavior during range of motion as a clue to the origin of the problem. It was noted in the documentation that the motor examination was normal and her gait examination was unchanged. There was no neurological examination submitted for review. Additionally, the request did not specify whether the requested exam was to be a needle or surface electromyography. The clinical information submitted failed to meet the evidence based guidelines for electrodiagnostic studies. Therefore, this request for EMG/NCV bilateral lower extremities is not medically necessary.