

Case Number:	CM14-0091641		
Date Assigned:	07/25/2014	Date of Injury:	07/07/2009
Decision Date:	09/12/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/17/2014

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 Management 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:

According to the records made available for review, this is a 53-year-old female with a 7/7/09 date of injury. At the time (5/26/14) of the Decision for MRI of the cervical spine, NCV of the right upper extremities, and EMG of multiple upper extremities, there is documentation of subjective (neck pain radiating to the right arm, right shoulder and right hand; right shoulder pain, and low back pain radiating to the right leg, heel, and into the toes) and objective (antalgic gait, tenderness to palpation over the cervical spine with myospasms and decreased range of motion, diffuse right shoulder parascapular tenderness with decreased range of motion, and positive impingement signs of the right shoulder) findings, current diagnoses (cervical strain with radicular complaints, right shoulder strain, bilateral wrist strain, and lumbar strain with radicular complaints), and treatment to date (activity modification). In addition, medical report identifies a request for EMG/NCV of the bilateral upper extremities. Furthermore, 6/23/14 medical report identifies a request for a course of physical therapy to the cervical spine and a prescription for Tramadol to reduce pain. Regarding MRI of the cervical spine, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination and electrodiagnostic studies) of tissue insult, neurologic dysfunction or nerve root compromise, and failure of conservative treatment. Regarding NCV of the right upper extremities and EMG of multiple upper extremities, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of cervical strain with radicular complaints, right shoulder strain, bilateral wrist strain, and lumbar strain with radicular complaints. However, there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, given documentation of objective findings (tenderness to palpation over the cervical spine with myospasms and decreased range of motion), a request for a course of physical therapy to the cervical spine and Tramadol, and an associated request for EMG/NCV of the bilateral upper extremities, there is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination and electrodiagnostic studies) of tissue insult, neurologic dysfunction or nerve root compromise, and failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.

NCV of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Procedure Summary Last Updated 5/14/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of cervical strain with radicular complaints, right shoulder strain, bilateral wrist strain, and lumbar strain with radicular

complaints. In addition, there is documentation of subjective findings consistent with radiculopathy/nerve entrapment. However, given documentation of objective findings (tenderness to palpation over the cervical spine with myospasms and decreased range of motion), a request for a course of physical therapy to the cervical spine and Tramadol, and an associated request for MRI of the cervical spine, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for NCV of the right upper extremities is not medically necessary.

EMG of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Procedure Summary Last Updated 5/14/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of cervical strain with radicular complaints, right shoulder strain, bilateral wrist strain, and lumbar strain with radicular complaints. In addition, there is documentation of subjective findings consistent with radiculopathy/nerve entrapment. However, given documentation of objective findings (tenderness to palpation over the cervical spine with myospasms and decreased range of motion), a request for a course of physical therapy to the cervical spine and Tramadol, and an associated request for MRI of the cervical spine, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG of the upper extremities is not medically necessary.