

Case Number:	CM14-0189306		
Date Assigned:	11/17/2014	Date of Injury:	09/26/2008
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

This case involves a 58 year old male with date of injury 9/26/2008 continues care with the treating physicians. The patient complaints include chronic low back pain with evidence of disc disease, neck pain radiating to left arm and hand, with numbness / tingling in the fingers. The patient has used medications and undergone acupuncture with little relief as well as has had cervical epidural steroid injections with no relief. The patient continues with symptoms despite the above measures. The treating physician requests orthopedic spine specialist consultation, MRI of cervical spine, and electrodiagnostic studies for cervical radiculopathy (EMG/NCS). (Orthopedic consult has been approved.)

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 807-808, 847-848.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not address the use of EMG/NCS as diagnostics, so the ACOEM Guidelines were consulted. As EMG and NCS are

recommended in combination, the rationale for EMG is the same as that for NCS. Electrodiagnostic studies, comprised of EMG and NCS, are recommended when CT or MRI is non-diagnostic and /or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCS, with needle EMG component if radiculopathy suspected, would be indicated. NCS would also be indicated if another condition, in addition to or instead of radiculopathy, is suspected based on history and/or physical. Some clinicians would wait to test patients with NCV/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. Per the records supplied, the patient has had more than 1 year of persistent neck pain (despite multiple interventions including epidural steroid injection), and at least intermittent radiation of neck pain to left arm /hand. The clinical notes supplied do not indicate any findings on exam to suggest presence of radiculopathy or neuropathy. Therefore, this request is not medically necessary.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 4-5.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM Guidelines were consulted. MRI is recommended for patients with acute cervical pain with progressive neurologic deficit; or significant trauma with no improvement in significantly painful or debilitating symptoms. MRI is not recommended for non-specific neck pain. An MRI is not recommended for acute radiculopathy, unless patient has progressive neurological symptoms or severe impairment, and injections or early surgical interventions are being considered. For the patient of concern, the records do not clearly establish that patient has neurological deficits on exam, only complaints that could be radicular by history. No documentation is supplied that indicates a new procedure (injections or other) is being considered. Based on the Guidelines and lack of evidence that patient has neurological abnormalities that require further imaging to define/treat, this request is not medically necessary.