

Case Number:	CM14-0190295		
Date Assigned:	12/08/2014	Date of Injury:	09/24/2009
Decision Date:	01/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehab, has a subspecialty in Interventional Spine 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 30 year old female with an injury date of 09/24/09. Based on the 10/20/14 progress reports, the patient complains of pain in the head, neck, upper back, right wrist, and right hand with radiation to both arms. The pain associated with weakness in the right hand as well as tingling. The pain level is 9/10 at worst and 6/10 at best. The patient is currently not taking any medications. Examination showed tenderness to palpation over the bilateral cervical paraspinal muscles, superior trapezius and rhomboids, ulnar wrist. Sensory exam shows diminished sensation in the right C7 dermatome. The diagnoses are cervical radiculitis and wrist strain. The patient is currently not working. Based on the 11/05/13 report, the patient is status of post second CESI on 10/08/13 and has pain relief on neck and right shoulder and has reduced tingling in right hand. The patient had chiropractic adjustments and had CESI on 01/17/12 with 70% relief of pain, but temporary. Diclofenac XR, Orphenadrine, and Terocin patch were prescribed and dispensed. MRI of the Right shoulder dated 01/20/10 showed no evidence of rotator cuff injury. MRI of the cervical spine 10/29/09 showed small disc bulges at C3-C4 and C5-C6. Her diagnosed per 11/05/13 report:1. Reflex sympathetic dystrophy of the upper limb2. Displacement of cervical intervertebral disc without myelopathy3. Other affections of shoulder region, not elsewhere classified.According to 10/03/13 report, the physician noted an MRI of the right shoulder dated 10/29/09 revealed moderate rotator cuff tendinosis with partial interstitial and undersurgace tear. An MRI of the hand 10/29/09 showed extensor carpi ulnaris tendinosis/partial longitudinal tear with tenosynovitis. The request for C-spine MRI and EMG/NCV of bilateral arms per 10/20/14 report. The utilization review determination being challenged is dated 11/12/14. The requesting physician provided treatment reports from 06/04/13-10/20/14.

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): 177 - 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI

Decision rationale: This patient presents with cervical radiculitis and wrist strain. The request is for MRI of the cervical spine. Review of report show the patient had MRI of the cervical spine on 10/29/09 and it showed small disc bulges at C3-C4 and C5-C6. Per 10/20/14 report, the physician states that the request is "to rule out intraspinal pathology." ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Though sensory findings from physical exam dated 10/20/14 reveals diminished sensation of the right C7 dermatomes of the upper extremities, the examination is unremarkable. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. The patient is not post-operative either. There does not appear to a valid reason for an updated MRI. The request is not medically necessary.

Electromyogram/nerve conduction studies (EMG/NCS) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: This patient presents with cervical radiculitis and wrist strain. The request is for Electromyogram/nerve conduction studies of the bilateral upper extremities. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pages 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient presents with radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to

differentiate. Review of report does not mention any prior EMG/NCS. The request is medically necessary.