MAXIMUS Federal Services

Case Number:	CM14-0204664		
Date Assigned:	12/10/2014	Date of Injury:	10/07/2010
Decision Date:	02/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Spine Surgery 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 injured worker is a 54-year-old female who reported an injury on 10/07/2010. The mechanism of injury was repetitive job duties, such as typing, lifting, faxing, and walking. Her diagnoses were noted to include displaced cervical spine disc, spinal stenosis, radiculitis of the cervical spine, impingement syndrome, and tendonitis of the shoulder. Her past treatment was noted to include medication, surgery, massage, therapeutic exercises, and rest. The diagnostic studies were not provided. Her surgical history was noted to include right carpal and ulnar tunnel releases performed on 05/25/2012 and left cubital and carpal tunnel release performed on 10/25/2012. During assessment on 11/19/2014, the injured worker complained of severe pain and spasm to her neck with constant numbness to the bilateral upper extremities, along with weakness. She was reported to be depressed and anxious secondary to her painful condition. The physical examination of the cervical spine revealed a well healed surgical scar anteriorly. There was spasm about the bilateral trapezial area. There was paraspinal tenderness to palpation. Her range of motion revealed flexion of 45 degrees, extension of 25 degrees, bilateral bending of 20 degrees, and bilateral rotation of 60 degrees. Physical examination of the bilateral shoulders revealed no gross deformity. There was tenderness present about the acromioclavicular joints bilaterally. The Neer's sign, Hawkins sign were positive bilaterally. The Apley's scratch test was negative bilaterally. Her range of motion of the shoulders was normal bilaterally. The physical examination of the right wrist/hand revealed a well healed surgical incisional site for carpal tunnel releases. There was tenderness present over the incisional sites bilaterally. The Tinel's sign and Phalen's test was positive. Her motor strength, sensory exam, and deep tendon reflexes were normal. Her medication was noted as Dilaudid 4 mg. The frequency was not provided. The treatment plan was to "rerequest" authorization for physical therapy to include ultrasound, massage, and therapeutic exercise 3 times a week x4 for the cervical spine, bilateral

shoulders, and right wrist; continue with medication (Dilaudid 4 mg #30 for pain); and request authorization for referral for pain management for the cervical spine. The rationale for the CT scan of the cervical spine and EMG/NCV of the bilateral upper extremities was not provided. The Request for Authorization form was dated 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN; Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Computed Tomography (CT).

Decision rationale: The request for CT SCAN; Cervical Spine is not medically necessary. The California MTUS/ACOEM Guidelines state imaging may be indicated to clarify the diagnosis for patients with limitations of activity after 4 weeks and unexplained physical findings. The guidelines further state that imaging findings should be correlated with physical findings. More specifically, the Official Disability Guidelines state CT is recommended for suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hand or feet. The guidelines further state that patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings do not need imaging. There was no documentation that the patient had ever lost consciousness, was under the influence of alcohol and/or drugs, had no distracting injuries, or neurologic findings. There was no recent diagnostic testing, including radiography, that would indicate new findings to warrant the need for a CT scan. Given the above, the request for CT SCAN; Cervical Spine is not medically necessary.

Diagnostic Test 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 ACOEM Guidelines, page 303

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve conduction studies (NCS).

Decision rationale: The request for diagnostic test EMG/NCV; bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate

radiculopathy from other neuropathies or nonneuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. During the physical examination on 11/19/2014, there were no findings of neurological deficits or any documentation indicating that the injured worker had failed conservative care treatments. There was documentation indicating the patient had therapeutic exercise. However, there was no indication that the therapeutic exercise was helpful. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the request for the nerve conduction study. Given the above, the request for diagnostic test EMG/NCV; bilateral upper extremities is not medically necessary.