

Case Number:	CM14-0205630		
Date Assigned:	12/17/2014	Date of Injury:	08/03/2012
Decision Date:	02/28/2015	UR Denial Date:	11/14/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male with an injury date on 08/03/2012. Based on the 11/04/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical Sprain 2. Shoulder Impingement (Bilateral) 3. Carpal Tunnel Syndrome 4. Lumbar Radiculopathy According to this report, the patient complains of "continuous neck pain and stiffness, which radiates to his bilateral shoulder and down the bilateral arm and wrist, with associated numbness and tingling in both hands and fingers." The patient also complains of "continuous throbbing pain in his low back which radiates to his hips." Pain is rated as an 8/10 with medications and a 10/10 without medications. Physical exam of the spine reveals spasm and tenderness at the cervical/ lumbar paraspinal muscles. Range of motion is restricted. Decreased sensation is noted at the bilateral median nerve dermatomal distribution. Sitting straight leg raise test is positive, bilaterally. Treatment to date includes NCV of the upper and lower extremity in 2012, MRI of the cervical spine and lumbar in 2013, chiropractic care, lumbar and cervical epidural injections, acupuncture therapy, and medications. The treatment plan is to request for EMG/NCS of the bilateral lower extremities, MRI of the neck and back, and follow up in 4 weeks. The patient's work status is "placed off work. He last worked on October 21, 2014." There were no other significant findings noted on this report. The utilization review denied the request for EMG NCS Bilateral Lower Extremities and MRI Low Back and Neck on 11/14/2014 based on the ACOEM/ODG guidelines. The requesting physician provided treatment reports from 04/04/2014 to 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter: Electrodiagnostic Studies.

Decision rationale: According to the 11/04/2014 report, this patient presents with continuous neck and low back pain with radiating pain. The current request is for "repeat" EMG NCS Bilateral Lower Extremities. Regarding repeat EMG/NCV, ACOEM states "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In reviewing the medical reports provided, the Utilization Review denial letter states "On 8/8/13, the claimant underwent an EMG/NCS study. The EMG found left active L5 denervation which showed radiculopathy." In this case, the treating physician does not provide any medical rationale as of why this study needs to be repeated. There are no significant clinical changes, and no new injury to warrant a new set of EMG. ODG guidelines do not support repeat if the first EDS findings is positive. The request IS NOT medically necessary.

MRI Low Back and Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

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: Magnetic resonance imaging; Low back chapter: Magnetic resonance imaging

Decision rationale: According to the 11/04/2014 report, this patient presents with continuous neck and low back pain with radiating pain. The current request is for "repeat" MRI Low Back and Neck. Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation)." In reviewing the medical reports provided, the Utilization Review denial letter states "The claimant had recent imaging which does not require an update." The claimant underwent an MRI of the cervical spine on 1/21/13 and an MRI of the lumbar spine on 3/19/13. In this case, the treating physician does not discuss as to why the patient needs a repeat MRI of the cervical/lumbar spine when there no progression of neurologic deficit and no new injury. The request for a repeat MRI of the cervical and lumbar spine is not supported by the ODG guidelines. The current request is not medically necessary.

