

Case Number:	CM14-0206388		
Date Assigned:	12/18/2014	Date of Injury:	09/01/2010
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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 Practice 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:

This is a 49 years old male patient who sustained an injury on 9/1/2010. The mechanism of the injury was not specified in the records provided. per the records provided patient reinjured on 6/9/2014. The current diagnoses include cervical disc disease/cervical strain, lumbar disc disease and status post left knee arthroscopic surgery. Per the doctor's note dated 11/18/2014, he had complaints of low back pain, left knee pain and worsening of neck pain at 8/10 with radiation to the left hand/finger with tingling and numbness. The physical examination revealed left thenar atrophy with decreased grip strength of the left hand; cervical range of motion- 80 % of expected- limited in extension and lateral bending. The medications list includes gabapentin. He has had cervical MRI dated 4/18/2011 which revealed a central annular tear at the C2-3, C3-4, C-5 disc level with a small central contained herniation at both the C5-6 and C6-7 disc level; moderate to marked left sided foraminal encroachment at C3-4 level. He has undergone left knee arthroscopy. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Neck and Upper Back Procedure Summary

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 & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI).

Decision rationale: Per the ACOEM chapter 8 guidelines cited above "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the records provided patient has already had cervical MRI dated 4/18/2011 which revealed a central annular tear at the C2-3, C3-4, C-5 disc level with a small central contained herniation at both the C5-6 and C6-7 disc level; moderate to marked left sided foraminal encroachment at C3-4 level. Per the ODG "Repeat MRI 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, recurrent disc herniation)." Response to recent conservative therapy for this injury is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. In addition a recent cervical spine X-ray report is also not specified in the records provided. The pt had thenar atrophy of the left hand. Electro diagnostic studies, objectively documenting presence of cervical radiculopathy as the cause of the upper extremity symptoms and signs, were not specified in the records provided. (Another request submitted for Electro diagnostic studies of the upper extremities is deemed medically appropriate and necessary as below) With this it is deemed that based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the medical necessity of MRI of cervical spine is not fully established in this patient at this time.

EMG/NCS of cervical and upper limbs: Overturned

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 (ODG)- TWC Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the ACOEM chapter 9 guidelines, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Per the records provided patient had radicular symptoms- worsening of neck pain at 8/10 with radiation to the left hand/finger with tingling and numbness. The physical examination revealed left thenar atrophy with decreased grip strength of the left hand; cervical range of motion- 80 % of expected- limited in extension and lateral bending. Therefore the requested electro diagnostic study is medically appropriate and necessary in this patient to evaluate upper extremity neurological symptoms and to determine if there is presence of cervical radiculopathy or peripheral neuropathy. The request for EMG/NCS of cervical and upper limbs is medically appropriate and necessary for this patient.

