

Case Number:	CM14-0035741		
Date Assigned:	08/06/2014	Date of Injury:	04/24/2008
Decision Date:	01/28/2015	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury occurring on 04/24/08 when, while closing a cafeteria gait it became stuck and, as the claimant pulled it, he fell backwards onto concrete. Treatments included a cervical spine fusion in December 2010. He was seen by the requesting provider on 01/14/13. He was having neck pain radiating into the left upper extremity rated at 7/10 and low back pain radiating into the lower extremities rated at 8/10. Physical examination findings included cervical and lumbar spine paraspinal muscle and upper trapezius muscle tenderness. Cervical compression, shoulder depression, and Kemp testing was positive. He was continued at temporary total disability. Authorizations for an MRI of the cervical and lumbar spine, cervical and lumbar spine x-rays, upper extremity EMG/NCS testing, and for a sleep study were requested.

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): 172. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Worker's Comp, Neck and Upper Back Procedure Summary, Indications for MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Magnetic resonance imaging

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic neck pain. Treatments have included a cervical spine fusion in 2010 without apparent complication. When seen by the requesting provider no neurological deficits were documented. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Worker's Comp, Low Back Procedure Summary, Indications for magnetic resonance imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic (Acute and Chronic), MRIs (magnetic resonance imaging) Indications for imaging

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic neck pain. Treatments have included a cervical spine fusion in 2010 without apparent complication. When seen by the requesting provider no neurological deficits were documented. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.

EMG Upper Extremities: Upheld

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-Treatment of Worker's Comp, Neck and Upper Back Procedure Summary, Minimum Standards for electrodiagnostic studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Electromyography (EMG); and on Other Medical Treatment Guideline or Medical Evidence: AANEM Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic neck pain. Treatments have included a cervical spine fusion in 2010 without apparent complication. When seen by the requesting provider, there were no neurological deficits and no examination findings that would suggest peripheral nerve entrapment or injury. Therefore EMG of the upper extremities is not medically necessary.

NCV Upper Extremities: Upheld

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-Treatment of Worker's Comp, Neck and Upper Back Procedure Summary, Minimum Standards for electrodiagnostic studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Nerve conduction studies (NCS); and on Other Medical Treatment Guideline or Medical Evidence: AANEM Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic neck pain. Treatments have included a cervical spine fusion in 2010 without apparent complication. When seen by the requesting provider no neurological deficits were documented and no examination findings that would suggest peripheral nerve entrapment or injury. Therefore NCV of the upper extremities was not medically necessary.