

Case Number:	CM15-0000030		
Date Assigned:	01/09/2015	Date of Injury:	05/09/2004
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old male, who sustained an industrial injury on 5/9/2004. He has reported head injury, back, knees, right shoulder and left thumb injury. The diagnoses have included post-concussion syndrome and cervical and lumbosacral radiculopathy. Treatment include physical therapy, home exercise program and medications. MRI of the head and back; CT Scan of the head done between 2004 and 2005, were negative. He also had MRI of the left knee. He had another Lumbar MRI on 06/14/2014. He is reported to have had another head CT, MRI shoulder and knee in 05/2014. Electrodiagnostic studies of the Neck and back predating 08/1/ 2005 were reported as abnormal. The Cervical and Lumbar MRI studies of 08/16/2005 revealed disc diseases. The electrodiagnostic studies of upper limb done on 02/11/14 were abnormal. Currently, the injured worker complains of headaches and neck and low back pain. Physical exam revealed cervical spine tenderness and decreased range of motion, pain with extension and flexion and decreased range of motion of low back and left and right paraspinal spasms. On 12/2/14 Utilization Review non-certified (MRI) magnetic resonance imaging of cervical and lumbar spine, noting it is not medically necessary and (MRI) magnetic resonance imaging of cervical spine was previously done, however a report was not submitted with documentation. Non- MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/26/14, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of cervical and lumbar spine and EG NCV upper and lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker sustained a work related injury on 5/9/2004. The medical records provided indicate the diagnosis of post-concussion syndrome and cervical and lumbosacral radiculopathy. Treatment to date has included physical therapy, home exercise program and medications. MRI of the head and back; and CT Scan of the head done between 2004 and 2005, were negative. He also had MRI of the left knee. He had another Lumbar MRI on 06/14/204. He is reported to have had another head CT, MRI shoulder and knee in 05/2014. Electrodiagnostic studies of the Neck and back predating 08/1/ 2005 were reported as abnormal. The Cervical and Lumbar MRI studies of 08/16/2005 revealed disc diseases. The electrodiagnostic studies (Nerve conduction and electromyography) of upper limb done on 02/11/14 were abnormal. The medical records provided for review do not indicate a medical necessity for MRI cervical. The records indicate the injured worker had one in the past and this revealed disc disease. Apart the presence of sensory abnormality in the upper limbs in early 2014, the neurological examination did not indicate major problems like muscle wasting, weakness or diminished reflexes as to suggest serious neurological problems. The MTUS recommends against over reliance on imaging studies alone to evaluate the source of neck or upper back symptoms due to the diagnostic confusion (false-positive test results). The requested test is not medically necessary and appropriate.

MRI lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The injured worker sustained a work related injury on 5/9/2004. The medical records provided indicate the diagnosis of post-concussion syndrome and cervical and lumbosacral radiculopathy. Treatment to date has included physical therapy, home exercise program and medications. MRI of the head and back; and CT Scan of the head done between 2004 and 2005, were negative. He also had MRI of the left knee. He had another Lumbar MRI on 06/14/204. He is reported to have had another head CT, MRI shoulder and knee in 05/2014. Electrodiagnostic studies of the Neck and back predating 08/1/ 2005 were reported as abnormal. The Cervical and Lumbar MRI studies of 08/16/2005 revealed disc diseases. The electrodiagnostic studies (Nerve conduction and electromyography) of upper limb done on 02/11/14 were abnormal. The medical records provided for review do not indicate a medical necessity for MRI lumbar. The records indicate the injured worker had at least two MRI lumbar after the injury. The MRI revealed disc disease. The records does not indicate there have been

significant changes in the history and physical examination that could be considered as serious neurological problems to warrant a repeat MRI . The MTUS recommends against over reliance on imaging studies alone to evaluate the source of neck or upper back symptoms due to the diagnostic confusion (false-positive test results).The requested test is not medically necessary and appropriate.

EMG/NCV upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 5/9/2004. The medical records provided indicate the diagnosis of post-concussion syndrome and cervical and lumbosacral radiculopathy. Treatment to date has included physical therapy, home exercise program and medications. MRI of the head and back; and CT Scan of the head done between 2004 and 2005, were negative. He also had MRI of the left knee. He had another Lumbar MRI on 06/14/2014. He is reported to have had another head CT, MRI shoulder and knee in 05/2014. Electrodiagnostic studies of the Neck and back predating 08/1/ 2005 were reported as abnormal. The Cervical and Lumbar MRI studies of 08/16/2005 revealed disc diseases. The electrodiagnostic studies (Nerve conduction and electromyography) of upper limb done on 02/11/14 were abnormal. The medical records provided for review do not indicate a medical necessity for EMG/NCV upper extremity. The MTUS recommends physiologic studies for disorders of the neck when the neurologic examination is less clear . Such studies include electromyography(EMG) and Nerve conduction velocity(NCV). However, the records indicate the injured worker has had several of these tests in the past, the most recent being in 02/2014. Therefore, the requested test is not medically necessary and appropriate.

EMG/NCV of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 5/9/2004. The medical records provided indicate the diagnosis of post-concussion syndrome and cervical and lumbosacral radiculopathy. Treatment to date has included physical therapy, home exercise program and medications. MRI of the head and back; and CT Scan of the head done between 2004 and 2005, were negative. He also had MRI of the left knee. He had another Lumbar MRI on 06/14/2014. He is reported to have had another head CT, MRI shoulder and knee in 05/2014. Electrodiagnostic studies of the Neck and back predating 08/1/ 2005 were reported as

abnormal. The Cervical and Lumbar MRI studies of 08/16/2005 revealed disc diseases. The electrodiagnostic studies (Nerve conduction and electromyography) of upper limb done on 02/11/14 were abnormal. The medical records provided for review do not indicate a medical necessity for EMG/NCV of the lower extremity. Based on the documentation of lower extremity neurological deficit noted in the utilization review report, there is justification for lower extremity Electromyography (EMG), as recommended by MTUS for cases that present with neurological disorders that are not clear on examination. Nevertheless, the test is not medically necessary and appropriate because the request is for both Nerve conduction studies and Electromyography. The MTUS is silent on lower extremity NCV for back disorders, while the official Disability Guidelines recommends against it.