

Case Number:	CM15-0009771		
Date Assigned:	01/27/2015	Date of Injury:	07/27/2004
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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, Arizona
 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 injured worker is a 51-year-old male who reported an injury on 07/27/2004. The injury reportedly occurred while the injured worker was working on an engine of a truck with the cab elevated, the cab's hydraulics gave out, and the cab fell on the left side of his neck and left shoulder. He was diagnosed with cervical degenerative changes. His past diagnostic studies included an EMG/NCS performed on 06/03/2008 which revealed no evidence of entrapment neuropathy or peripheral neuropathy. Additionally, an MRI of the cervical spine, dated 11/24/2014, revealed multilevel disc desiccation and degenerative changes with mild canal stenosis and encroachment of both foramina at C4-5, encroachment of the left foramina and impingement of the exiting left C6 root at C5-6, and mild canal stenosis and encroachment of the foramina without root impingement at C6-7. On 10/31/2014, the injured worker came in for a followup of injuries sustained in the work place. He reported his pain as 6/10 to 7/10. He reported he had been utilizing ibuprofen and muscle relaxants as of recently. Upon physical examination of the cervical spine, he was noted to have range of motion of flexion to 30 degrees, 10 degrees of extension, 45 degrees of right and left rotation, and 50 degrees of right and left lateral flexion. On 12/19/2014, the injured worker reported neck pain and weakness in the left upper extremity, as well as numbness in the left arm and forearm, but not involving his left hand. The injured worker reported the pain started immediately as a result of his incident at work and the numbness as well. The injured worker reported taking oral medications such as Tylenol and ibuprofen as he could not tolerate medications with codeine. Upon physical examination, he was noted to have moderate cervical paraspinal spasms and moderate limitation of the neck

movements in all directions. He was also noted to have moderately limited left arm movements. He was noted to have normal strength in upper extremities and lower extremities. He was noted to have an absent right brachioradialis and the triceps reflexes and absent of the left upper limb reflexes. His current medications were noted to include Tylenol and ibuprofen. The treatment plan was noted to include a repeat MRI of the cervical spine, x-ray of the cervical spine, and an EMG/NCS of the left upper limb. A request was submitted for EMG left upper extremity, NCS left upper extremity, x-ray of the cervical spine, MRI of the cervical spine, and an NCS of the cervical spine. However, the rationale was not provided for the EMG/NCS. The rationale for the repeat MRI was for adequate visualization of the neural foramina and the nerve roots. For the x-ray, the treating physician wanted lateral views of the cervical vertebral column in the flexion, neutral, and extension positions of the neck. A request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left 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): 177-179.

Decision rationale: The request for an EMG left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocity, including H reflex tests, may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review did not provide evidence of significant neurological deficits to show medical necessity for the requested services. Additionally, there was no evidence that the injured worker has attempted recent physical therapy for at least 3 to 4 weeks. In the absence of this documentation, the request is not supported by the guidelines. As such, the request for an EMG left upper extremity is not medically necessary.

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in worker's compensation on, online edition

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

Decision rationale: The request for an NCS left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocity, including H reflex tests, may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review did not provide evidence of significant neurological deficits to show medical necessity for the requested services. Additionally, there was no evidence that the injured worker has attempted recent physical therapy for at least 3 to 4 weeks. In the absence of this documentation, the request is not supported by the guidelines. As such, the request for an NCS left upper extremity is not medically necessary.

X-Ray of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for an x-ray of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review did not provide evidence of neurological deficits to show medical necessity for the requested service. Additionally, there was no evidence that the injured worker has participated in recent conservative care to include physical therapy for at least 3 to 4 weeks. Given the above information, the request is not supported by the guidelines. As such, the request for an x-ray of the cervical spine is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck & Upper back, Magnetic resonance imaging (MRI).

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The Official Disability Guidelines state repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or suggestive of significant pathology. The clinical documentation submitted for review did not provide evidence of severe or progressive neurological deficits upon physical examination. Additionally, the clinical documentation failed to provide significant changes in the injured worker's physical presentation

to warrant the need for repeat imaging of the cervical spine. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is for an MRI of the cervical spine is not medically necessary.

NCS of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for NCS of cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocity, including H reflex tests, may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review did not provide evidence of significant neurological deficits to show medical necessity for the requested services. Additionally, there was no evidence that the injured worker has attempted recent physical therapy for at least 3 to 4 weeks. In the absence of this documentation, the request is not supported by the guidelines. The request is not medically necessary.