

Case Number:	CM15-0140248		
Date Assigned:	07/30/2015	Date of Injury:	04/12/2012
Decision Date:	09/18/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 4-12-2012. Diagnoses include status post left zygomatic arch fracture and open reduction internal fixation (ORIF) on 5-03-2012, post-concussion syndrome with headaches, left transmandibular joint (TMJ), left tinnitus, dizziness, cervical radiculopathy, left shoulder tendinosis with partial subscapularis tear, depression, and sleep disturbance. Treatment to date has included diagnostics, medications, home exercise (HEP), transcutaneous electrical nerve stimulation (TENS) and neuropsychiatric consultation and evaluation. Per the Primary Treating Physician's Progress Report dated 6-26-2015, the injured worker reported intermittent left shoulder pain rated as 7 out of 10 with radiation to the left trapezius and thoracic area, constant neck pain rated as 7 out of 10 and triggered by turning his head low back pain described as constant and sharp with radiation down the posterior thigh and rated as 8 out of 10. He also reported a constant left sided headache described as throbbing. He has left earache and tinnitus on that side. Physical examination revealed reduced ranges of motion of the cervical and lumbar spine. His left shoulder was tender to palpation with a positive impingement sign. The neck was tender to the left paraspinal area, sub occipital area and left trapezius. The lumbar spine was tender to the left thoracic paraspinal area and bilateral lumbosacral area, more on the left. The plan of care included continuation of HEP, TENS and medication, consultations and updated diagnostic imaging and authorization was requested for updated EMG (electromyography)/NCV (nerve conduction studies) of the bilateral upper and lower extremities and magnetic resonance imaging (MRI) of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG stipulate that repeat studies should be reserved for a significant change in pathology. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the cervical spine. In the absence of clarity regarding those issues, the currently requested repeat cervical MRI is not medically necessary.

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, there is identification of decreased sensation in the L4-5 dermatome on neurologic exam. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.

EMG/NCS of the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for repeat EMG and nerve conduction studies of the upper extremities, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities 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. The nerve conduction component of an electrodiagnostic study assess the amplitude, conduction velocity, waveform, and latency of sensory and motor nerves. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested EMG and NCS. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent EMG and NCS of the upper extremities since 11/2012. Therefore, this request is not medically necessary.

EMG/NCS of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG and NCV of the lower extremities, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines further specify that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there is identification of decreased sensation in the L4-5 dermatome on neurologic exam. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested EMG and NCS. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent EMG and NCS of the lower extremities. In the absence of clarity regarding those

issues, the currently requested repeat EMG and NCS of the lower extremities is not medically necessary.