

Case Number:	CM15-0141631		
Date Assigned:	07/31/2015	Date of Injury:	10/29/2014
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Emergency 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 (IW) is a 53-year-old male who sustained an industrial injury on 10/29/2014. He reported being struck in the left eye and thrown back for approximately 4 feet against a wall by a spring bar from a lift gate of a vehicle. The injured worker was diagnosed as having an orbital fracture, and enucleation of the left eye. Treatment to date has included left eye removal (2014), and a computed tomography of the cervical spine (10-29-2104), and medications. Currently, the injured worker complains of pain with paresthesias radiating into the left arm primarily in the ulnar distribution. On exam, cervical range of motion is 90% of normal, upper extremity range of motion is normal. Motor function is full, and reflexes are normal. There is no sensory hypesthesia. The treatment plan is to order a MRI of the cervical spine to evaluate for a herniated disc and order an electromyogram , nerve conduction study to evaluate for peripheral nerve compression versus radiculopathy. A request for authorization was submitted for: 1. Magnetic resonance imaging (MRI) without contrast of the cervical spine. 2. Electromyogram (EMG) and nerve conduction velocity (NCV) of the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) without contrast 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): 178-179.

Decision rationale: The requested Magnetic resonance imaging (MRI) without contrast of the cervical spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain with paresthesias radiating into the left arm primarily in the ulnar distribution. On exam, cervical range of motion is 90% of normal, upper extremity range of motion is normal. Motor function is full, and reflexes are normal. There is no sensory hypesthesia. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Magnetic resonance imaging (MRI) without contrast of the cervical spine is not medically necessary.

Electromyogram (EMG) and nerve conduction velocity (NCV) of the left arm: 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 requested Electromyogram (EMG) and nerve conduction velocity (NCV) of the left arm, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has pain with paresthesias radiating into the left arm primarily in the ulnar distribution. On exam, cervical range of motion is 90% of normal, upper extremity range of motion is normal. Motor function is full, and reflexes are normal. There is no sensory hypesthesia. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Spurling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, Electromyogram (EMG) and nerve conduction velocity (NCV) of the left arm is not medically necessary.

