

Case Number:	CM15-0160726		
Date Assigned:	08/27/2015	Date of Injury:	07/11/2014
Decision Date:	10/20/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 40 year old male, who sustained an industrial injury on 7-11-2014. He reported lifting an empty pallet when he felt his bilateral upper extremities go numb. He dropped the pallet, causing a pinch on his back and upper extremities. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, cervical strain, and lumbar strain. Treatment to date included chiropractic physical therapy. Currently, the injured worker complains of bilateral wrist-hand pain, with numbness and tingling to the fingers and thumb, and weakness. He also complained of neck pain and tension on the sides of his neck, back, and shoulders. He also reported low back soreness. Exam noted positive Jackson test, positive Spurling test, positive thoracic outlet tests, decreased deep tendon reflexes C5, C6, and C7, left wrist tenderness, and left finger numbness to the first three digits. The treatment plan included physical therapy, electromyogram and nerve conduction studies of the upper and lower extremities, and magnetic resonance imaging of the cervical and lumbar spines. His work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, Upper Extremities, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Electromyography/Nerve Conduction Velocity studies (EMG/NCV) can be utilized for the evaluation of spinal conditions with deteriorating neurological deficits when standard clinical examinations and plain X-ray radiography tests are inconclusive. The guidelines noted that EMG/NCV studies can be utilized for the evaluation of suspected red flag conditions related to the spine. The records did not show subjective or objective findings consistent with a diagnosis of cervical/lumbar radiculopathy. There is no documentation of standard X-ray report with significant findings related to the spine. The records did not show deterioration of the clinical findings. There is no documentation of failure of conservative treatments with medications and PT. The criteria for Electromyography/Nerve Conduction Velocity studies of bilateral upper/lower extremities was not met. The request is not medically necessary.

Electromyography/Nerve Conduction Velocity bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back Pain, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Electromyography/Nerve Conduction Velocity studies (EMG/NCV) can be utilized for the evaluation of spinal conditions with deteriorating neurological deficits when standard clinical examinations and plain X-ray radiography tests are inconclusive. The guidelines noted that EMG/NCS can be utilized for the evaluation of suspected red flag conditions related to the spine. The records did not show subjective or objective findings consistent with a diagnosis of lumbar radiculopathy. There is no documentation of standard X-ray report with significant findings related to the lumbar spine or lower extremities. The records did not show deterioration of the clinical findings. There is no documentation of failure of conservative treatments with medications and PT. The criteria for Electromyography/Nerve Conduction Velocity studies of bilateral lower extremities was not met. The request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), MRIs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Low Back, MRI.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of spinal conditions with deteriorating neurological deficits when standard clinical examinations and plain X-ray radiography tests are inconclusive. The guidelines noted that MRI can be utilized for the evaluation of suspected red flag conditions related to the spine. The records did not show subjective or objective findings consistent with a diagnosis of lumbar radiculopathy. There is no documentation of standard X-ray report with significant findings related to the spine. The records did not show deterioration of the clinical findings. There is no documentation of failure of conservative treatments with medications and PT. The criteria for MRI of the lumbar spine was not met. The request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back MRI.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of spinal conditions with deteriorating neurological deficits when standard clinical examinations and plain X-ray radiography tests are inconclusive. The guidelines noted that MRI can be utilized for the evaluation of suspected red flag conditions related to the spine. The records did not show subjective or objective findings consistent with a diagnosis of cervical radiculopathy. There is no documentation of standard X-ray report with significant findings related to the spine. The records did not show deterioration of the clinical findings. There is no documentation of failure of conservative treatments with medications and PT. The criteria for MRI of the cervical spine was not met. The request is not medically necessary.