

Case Number:	CM15-0162532		
Date Assigned:	08/28/2015	Date of Injury:	01/24/2000
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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 is a 36 year old female who sustained an industrial-work injury on 1-24-00. She reported an initial complaint of headaches and pain to chest, shoulder, ribs, left hand, and knee. The injured worker was diagnosed as having cervical myalgia, cervical radiculitis-neuritis, lumbar myalgia, lumbar myospasms, bilateral knee contusion, bilateral knee internal derangement, thoracic outlet syndrome, and status post anterior cervical discectomy. Treatment to date includes medication, surgery (anterior-posterior cervical fusion at C3-4), acupuncture, chiropractor therapy, cortisone injection, and epidural steroid injection to neck and shoulder. Currently, the injured worker complained of neck pain rated 4 out of 10 at rest and 9 out of 10 with activities associated with weakness, numbness, grinding, tingling, and swelling, frequent bilateral shoulder pain that radiates down the arms and hands. Per the primary physician's report (PR-2) on 7-14-15 notes tenderness, guarding, and spasms over the paravertebral region and upper trapezius bilaterally, positive cervical compression test on the left, manual muscle testing 4 out of 5, range of motion restricted due to pain. The requested treatments include EMG/NCV (electromyography and nerve conduction velocity test) of the Bilateral Upper Extremities, 8 sessions of Acupuncture to the Cervical Spine, Lumbar Spine, and Bilateral Shoulders, CT of the Cervical Spine, and MRI of the Cervical Spine (30 Tesla).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Nerve conduction studies.

Decision rationale: The request is for nerve conduction studies. The MTUS guidelines are silent regarding this issue. The ODG states the following: Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. (Emad, 2010) (Plastaras, 2011) (Lo, 2011) (Fuglsang-Frederiksen, 2011) See also the Shoulder Chapter, where nerve conduction studies are recommended for the diagnosis of TOS (thoracic outlet syndrome). Also see the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. In this case, the use of this diagnostic test is not supported. This is secondary to radiculopathy already being clearly identified. As such, the request is not medically necessary.

8 sessions of Acupuncture 2 times a week for 4 weeks to the Cervical Spine, Lumbar Spine, and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The request is for acupuncture to aid in pain relief. The ACOEM guidelines state the following regarding this topic. "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." In this case, the guidelines do not support the use of this treatment modality. This is secondary to the diagnosis with poor clinical evidence regarding efficacy. As such, the request is not medically necessary.

CT of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013, Cervical and Thoracic Spine Disorders, Clinical Measures, Diagnostic Investigations, Computerized Tomography (CT) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/Computed Tomography (CT).

Decision rationale: The request is for a cervical spine CT scan. The Official Disability Guidelines state the following regarding this topic: Indications for imaging CT (computed tomography): Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet, Suspected cervical spine trauma, unconscious, Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs), Known cervical spine trauma: severe pain, normal plain films, no neurological deficit, Known cervical spine trauma: equivocal or positive plain films, no neurological deficit, Known cervical spine trauma: equivocal or positive plain films with neurological deficit. In this case, as stated above, the patient does not meet any of these criteria. The guidelines state that this study is not to be performed if one of the indications is not met. As such, the request is not medically necessary.

MRI of the Cervical Spine (3 0 Tesla): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013, Cervical and Thoracic Spine Disorders, Clinical Measures, Diagnostic Investigations, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back complaints/MRI.

Decision rationale: The request is for an MRI of the thoracic spine. The ACOEM guidelines state that when there is physiological evidence of tissue insult or neurological deficits, consider a discussion with a consultant regarding the next steps including MRI imaging. An imaging study may be appropriate in patients where symptoms have lasted greater than 4-6 weeks and surgery is being considered for a specific anatomic defect or to further evaluate the possibility of serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. The ODG guidelines regarding qualifying factors for an MRI of the neck or upper back are as follows: Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, Chronic neck pain, radiographs show bone or disc margin destruction, Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal," Known cervical spine trauma: equivocal or positive plain films with neurological deficit, Upper back/thoracic spine trauma with neurological deficit. In this case, there is inadequate documentation in a change in neurologic status seen on exam. The records do not indicate new "red flags" which would warrant further imaging evaluation. Pending further information regarding new neurologic deficits, the request is not medically necessary.