

Case Number:	CM15-0168170		
Date Assigned:	09/08/2015	Date of Injury:	02/04/2011
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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: Preventive Medicine, Occupational 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 was a 60 year old female, who sustained an industrial injury, February 4, 2011. The injury occurred when the injured worker was lifting a heavy pot of spaghetti into an over the head oven. The pot began to slip and the injury worker tried to prevent it from falling on the ground. According to progress note of July 30, 2015, the injured worker's chief complaint was neck pain with radiation to the scapula with frequent headaches, hearing disturbances in the left ear and left hand numbness and weakness. The injured worker reports sharp neck pain that radiates up to the occipital protuberance and down to the left scapula area and intermittently to the left arm. The injured worker report muffled hearing in the left ear, as well as, pain in the jaw and teeth on the left side. The symptoms worsen throughout the day if the injured worker tries to do too much. The injured worker was unable to go about regular duties. The physical exam noted the cervical spine with limited and painful range of motion. The Spurling's test was positive. There was decreased strength in the left biceps, left brachioradialis, left wrist extension, left intrinsic and left grip. There was left upper extremity weakness which reflected the C6 and C7 distribution. The sensation was diminished in the left upper extremity. The progress noted of December 17, 2014, suggested cervical fusion of C5-C6. The injured worker was diagnosed with right side breast cancer, cervical spine MRI on June 4, 2013, showed moderate C6 nerve root compression on the left side and mild C7 nerve root compression which was caused by a disc collapse and bone spurs. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities but was unable to have the needle testing on the right arm, the test result

were inconclusive, physical therapy, two epidurals neither of which helped, heat and ice therapy, Ativan, muscle relaxants, Robaxin, cervical spine MRI on June 4, 2013 showed moderate C6 nerve root compression on the left side and mild C7 nerve root compression which was caused by a disc collapse and bone spurs. The RFA (request for authorization) dated August 13, 2015, which included the following treatments a cervical spinal canal MRI without contrast, EMG and NCS (electrodiagnostic studies and nerve conduction studies) and physical therapy evaluation and treatment times 24. The UR (utilization review board) denied certification on August 20, 2015, of a cervical spinal canal MRI without contrast, Needle EMG and NCS (electrodiagnostic studies and nerve conduction studies) and physical therapy evaluation and treatment times 24. The treatments were denied due to medically unnecessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical MRI: Overturned

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

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker had a cervical spine MRI on June 4, 2013, which revealed moderate C6 nerve root compression on the left side and mild C7 nerve root compression which was caused by a disc collapse and bone spurs. The injured worker's physical examination dated 30 July, 2015 revealed a cervical spine with limited and painful range of motion. The Spurling's test was positive. There was decreased strength in the left biceps, left brachioradialis, left wrist extension, left intrinsic and left grip. There was left upper extremity weakness which reflected the C6 and C7 distribution. The sensation was diminished in the left upper extremity. A repeat cervical spine MRI is warranted in this case to assess for increased nerve root compression. The request for outpatient cervical MRI is medically necessary.

Outpatient EMG/nerve test: Upheld

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

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging

studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the injured worker had a previous EMG/NCV of the upper extremity 2 years ago but there are no results available for review. Without the results of this EMG/NCV this request is not supported. The request for outpatient EMG/nerve test is not medically necessary.

24 Sessions of physical therapy evaluation/treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. This request for 24 physical therapy sessions exceeds the recommendations of the guidelines. Additionally, the injured worker has participated in an unknown number of physical therapy sessions in the past with no relief or benefit per the injured worker. The request for 24 sessions of physical therapy evaluation/treatment is not medically necessary.