

Case Number:	CM15-0196452		
Date Assigned:	10/12/2015	Date of Injury:	01/14/2015
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 52 year old male, who sustained an industrial injury on 1-14-15. The injured worker was diagnosed as having cervical spine strain, status post right shoulder surgery. Treatment to date has included: status post arthroscopy-right shoulder (3-2015); physical therapy; urine drug screening (9-9-15); and medications. Currently, the PR-2 notes dated 8-4-15 and 9-9-15 are hand written and difficult to decipher. The notes date 8-4-15 appear to indicate the injured worker complains of cervical spine pain and medication is helping. He appears to have had physical therapy. But his range of motion is limited. PR-2 notes dated 9-9-15 appear to indicate the injured worker complained of pain and his range of motion is decreased. The provider has ordered a MRI of the cervical spine. A typed PR-2 notes dated 9-22-15 indicated the injured worker is status post arthroscopy right shoulder of March 2015. He underwent pain management with a provider on 8-4-15. It was determined on that date that there was no evidence of neurologic deficits on examination but recommended a MRI of the cervical spine, continue with pain management, get an EMG-NCV study of the upper extremities and neck, in addition to physical therapy for the cervical spine and right shoulder. A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-23-15 and non-certification for MRI Cervical and EMG/NCV bilateral upper extremities/cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: 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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The CA MTUS is silent on the issue of MRI for the cervical spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered for a specific anatomic defect or red-flag diagnoses are undergoing evaluation. The cited ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. One of the criteria for cervical MRI is neck pain with radiculopathy if severe or progressive neurologic deficit is present. In the case of this injured worker, the sparse and difficult to read treating provider notes do not document any neck pain with radiculopathy, nor demonstrated red-flag diagnoses, or progressive neurologic deficits. Therefore, the request for MRI of the cervical spine is not medically necessary and appropriate at this time.

EMG/NCV Bilateral Upper Extremities/Cervical: 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): Special Studies, Summary. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic), Electromyography (EMG) ODG Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines Aetna, Nerve Conduction Studies http://www.aetna.com/cpb/medical/data/500_599/0502.html.

Decision rationale: Per the cited CA MTUS, electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms, lasting more than three or four weeks. They further state that EMG may be recommended to clarify nerve root dysfunction preoperatively or before epidural injection; however, it is not recommended for nerve root diagnosis when history, exam, and imaging studies are consistent. They further state appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. The ODG further clarifies by recommending EMG as an option for cervical radiculopathy in selected cases; however, NCS is not recommended to demonstrate cervical radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. Aetna guidelines add that NCS are recommended for

localization of focal neuropathies or compressive lesions (e.g., carpal tunnel syndrome, tarsal tunnel syndrome, nerve root compression, neuritis, motor neuropathy, mononeuropathy, radiculopathy, plexopathy); and the injured worker has had a needle (EMG) study to evaluate the condition either concurrently or within the past year. In the case of this injured worker, the sparse and difficult to read treating provider notes do not document any neck pain with radiculopathy, nor demonstrated red-flag diagnoses, or progressive neurologic deficits. Therefore, the request for EMG/NCV bilateral upper extremities/cervical is not medically necessary and appropriate.