

Case Number:	CM15-0200780		
Date Assigned:	10/15/2015	Date of Injury:	09/06/2000
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female, who sustained an industrial injury on 09-06-2000. A review of the medical records indicates that the worker is undergoing treatment for neck sprain and strain. The medical documentation submitted is minimal and consists only of treating physician's progress notes dated 04-14-2015 and 09-08-2015, orders for electromyography (EMG)/Nerve conduction velocity (NCV) study, MRI of the cervical spine and medications. Subjective complaints (04-14-2015) included recent increase in bilateral hand numbness and tingling for the last few months. Objective findings (04-14-2015) showed tenderness, spasm and decreased range of motion of the cervical spine. The physician noted that no active treatment was required at that time and that there would be observation only, although the injured worker was noted to be prescribed pain medications. Subjective complaints (09-08-2015) included pain and spasm in the cervical spine with headaches and recent increase in numbness and tingling of the bilateral hands for the last few months. Objective findings included tenderness, spasm and decreased range of motion of the cervical spine. The physician noted that the injured worker needed an MRI of the cervical spine to rule out progress of herniated nucleus pulposus versus 2011 study and needed an EMG-NCV for rule out carpal tunnel syndrome vs. cervical radiculopathy. Treatment has included Flexeril, Celebrex and Lidoderm patches. The submitted notes do not contain detailed objective examination findings of the cervical spine or bilateral upper extremities nor do they contain any neurologic examination findings. A utilization review dated 09-16-2015 non-certified requests for Electromyography (EMG)-Nerve conduction velocity of bilateral upper extremities to rule out CTS vs. cervical radiculopathy and magnetic resonance imaging (MRI) of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) / Nerve conduction velocity of bilateral upper extremities to rule out CTS vs. Cervical radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: Electromyography (EMG) / Nerve conduction velocity of bilateral upper extremities to rule out CTS vs. Cervical radiculopathy is not medically necessary per the MTUS Guidelines. The MTUS ACOEM Guidelines states that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve- conduction tests before surgery is undertaken. The MTUS states that physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation does not reveal a thorough neurologic exam with sensation, strength, reflex findings or provocative testing suggestive of cervical radiculopathy or carpal tunnel syndrome therefore this test is not medically necessary.

Magnetic resonance imaging (MRI) of 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): Special Studies.

Decision rationale: Magnetic resonance imaging (MRI) of cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The documentation does not reveal physical exam findings of red flags or a detailed neurologic exam that reveals evidence to support a cervical MRI. This request is not medically necessary.