

Case Number:	CM15-0209394		
Date Assigned:	10/28/2015	Date of Injury:	09/09/2009
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey

Certification(s)/Specialty: 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 51 year old male, who sustained an industrial injury on 9-9-2009. Medical records indicate the worker is undergoing treatment for cervical sprain-strain, cervical radiculitis and lumbar strain. A recent progress report dated 9-22-2015, reported the injured worker complained of cervical and lumbosacral pain with parasthesias in the bilateral upper extremities. Physical examination revealed cervical pain with range of motion and tenderness to palpation and paraspinal lumbosacral tenderness and pain with restricted range of motion. Treatment to date has included pain management, acupuncture, physical therapy and medication management. The physician is requesting nerve conduction study (NCS), electromyography (EMG) for the bilateral upper extremities and cervical and lumbar magnetic resonance imaging. On 9-30-2015, the Utilization Review noncertified the request for nerve conduction study (NCS), electromyography (EMG) for the bilateral upper extremities and cervical and lumbar magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study (NCS): 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, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there were continued complaints of neck and back pain with upper extremity paresthesias reported in the recent office visit. Physical findings showed no decreased sensation of the upper extremities, but there was a positive Tinel's at both wrists, all suggestive of carpal tunnel syndrome. The provider suggested the worker have nerve conduction studies of the upper extremities to help diagnose the cause of the paresthesias, which is reasonable considering the neck pain. However, this request was not specific to identify if this testing was for both sides or only one side (right vs. left). In addition, there was record of paresthesias months prior to this request. However, in the recent note, the provider mentioned that the worker was still attending physical therapy. Considering this fact, it appears that the worker had not yet completed conservative care to warrant further testing. Therefore, this request for NCS is not medically necessary at this time.

EMG UE: 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, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there were continued complaints of neck and back pain with upper extremity paresthesias reported in the recent office visit. Physical findings showed no decreased sensation of the upper extremities, but there was a positive Tinel's at both wrists, all suggestive of carpal tunnel syndrome. The provider suggested the worker have EMGs of the upper extremities to help diagnose the cause of the paresthesias, which is reasonable considering the neck pain. However, this request was not specific to identify if this testing was for both sides or only one side (right vs. left). In addition, there was record of paresthesias months prior to this request. However, in the recent note, the provider mentioned that the worker was still attending physical therapy. Considering this fact, it appears that the worker had not yet completed conservative care to warrant further testing. Therefore, this request for EMG UE is not medically necessary at this time.

MRI Cervical and Lumbar Spine (Non-Contrast): 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, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. The MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. In the case of this worker, there were continued complaints of neck and back pain with upper extremity paresthesias reported in the recent office visit. Physical findings showed no decreased sensation of the upper or lower extremities and an equivocal straight leg raise test bilaterally. The provider suggested the worker have MRI of the cervical and lumbar spines. However, in the recent note, the provider mentioned that the worker was still attending physical therapy. Considering this fact, it appears that the worker had not yet completed conservative care to warrant further testing. Therefore, this request for MRI of the lumbar and cervical spine is not medically necessary at this time.