MAXIMUS Federal Services

Case Number:	CM15-0214173		
Date Assigned:	11/04/2015	Date of Injury:	04/12/2012
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial injury on April 12, 2012. Of note, she was also involved in MVA April 12, 2012. The worker had been previously deemed as permanent and stationary. The worker is being treated for: cervical degenerative disc disease advanced probable stenosis, complaint of sensory deficit and weakness of left hand, lower back pain, and lumbar degenerative disc disease. Subjective: September 15, 2015 she reported complaint of neck pain that radiates causing headaches, constant left shoulder pain and noted difficulty performing ADL's, left hand pain with loss of grip strength and lower back pain radiating posteriorly into bilateral lower extremities to the feet. There is note associated numbness, tingling into both feet with the feeling that legs will buckle. She reports currently not working. Diagnostic: 2012 May 25, EMG NCV testing performed, initial evaluation noted no radiography performed, and thereafter MRI 2012 lumbar spine, cervical spine and September 15, 2015 radiographic study of cervical spine, lumbar spine, left shoulder, wrist and pelvis. Medication: initially prescribed: Medrol dosepak and Soma. Approximate end of 2012 prescribed: Norco, and Celebrex. February 2015: noted not receiving Norco refills from specialist and noted obtaining a refill of Norco 10mg from PCP. September 15, 2015: Norco and Celebrex. Treatment: initially medication, activity modification, place back into work environment and noted increased complaint of pain for which she completed 12 sessions of physical therapy remaining off from work duty. Thereafter noted with spine consultation with recommendation for medial branch block and underwent additional physical therapy and chiropractic session which temporarily helped. Again noted with more physical therapy session

helped a little and December 2012 received MBB without noted relief. January 2015 DME walker and heating pad, September 2015 actively participating in water aerobics on her own every other day. On September 28, 2015 a request was made for an outpatient MRI of cervical spine, and lumbar spine without contrast and EMG NCV testing of the bilateral upper extremities that were all noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine without contrast: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, Magnetic resonance imaging (MRI).

Decision rationale: The records indicate the patient has complaints of neck and bilateral upper extremity pain, numbness and tingling. Records also indicate the patient has complaints of low back pain and bilateral leg pain. The current request for consideration is magnetic imaging (MRI) of the cervical spine without contrast. The 9/15/15 progress report indicates that updated MRI scans of the cervical and lumbar spine are necessary as previous studies are outdated and the patient is suffering increasing neurological deficit. CA MTUS is quiet regarding MRI imaging of the cervical spine and therefore the ODG was consulted. The ODG does recommend MRI of the cervical spine in certain situations. Indications for imaging include neck pain with radiculopathy if severe or with progressive neurologic deficit. In this case, the patient has complaint of severe neck pain with pain, numbness and tingling in the upper extremities. The physical examination provides evidence of focal neurological deficits including motor weakness, and decreased sensation. As such, the medical records are consistent with ODG guidelines supporting MRI imaging of the cervical spine. The current request for an MRI of the cervical spine without contrast is medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine without contrast5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The records indicate the patient has complaints of neck and bilateral upper extremity pain, numbness and tingling. Records also indicate the patient has complaints of low back pain and bilateral leg pain. The current request for consideration is magnetic imaging (MRI) of the lumbar spine without contrast. The 9/15/15 progress report indicates that updated MRI scans of the cervical and lumbar spine are necessary as previous studies are

outdated and the patient is suffering increasing neurological deficit. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient has complaints of low back pain and lower extremity pain. There is no documentation of complaints of numbness, tingling, or loss of muscle strength. Examination provides no evidence of focal neurological deficit including diminished reflex testing, signs of nerve tension, decreased sensation in a dermatomal pattern or motor deficits. Furthermore, the records indicate that a previous MRI of the lumbar spine was completed on 7/6/14 and records indicate there were no new changes from the previous MRI. As such, the current request is not consistent with ODG guidelines and the request is not appropriate and is not medically necessary.

Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The records indicate the patient has complaints of neck and bilateral upper extremity pain, numbness and tingling. Records also indicate the patient has complaints of low back pain and bilateral leg pain. The current request for consideration is for electromyography (EMG) nerve conduction velocity (NCV) of the b/l upper extremities. The attending physician report dated 9/15/15 indicates an EMG/NCV study is necessary to differentiate between radiculopathy and CTS. The ACOEM does recommend electrodiagnostic studies for the purpose of ruling in/out radiculopathy and for differentiating between radiculopathy and periphernal nerve entrapments. In this case, the attending physician has documented neck and upper extremity pain, with associated numbness and tingling. He has also documented examination findings to include decreased sensation, and motor deficits. The current request is consistent with ACOEM guidelines and the request for EMG/NCV of the bilateral upper extremities is medically necessary.