

Case Number:	CM15-0220370		
Date Assigned:	11/16/2015	Date of Injury:	10/23/2003
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, California
 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 was a 44 year old female, who sustained an industrial injury on October 23, 2009. The injured worker was undergoing treatment for cubital tunnel syndrome, osteoarthritis of the shoulder, displacement of the cervical intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, cervical radiculopathy, adhesive capsulitis of the shoulder, disorder of the bursa region, residual foreign body in the soft tissue, full thickness rotator cuff tear, glenoid labrum detachment, sprain of the shoulder and upper arm, neck sprain and brachial neuritis, cervical spondylosis, cervical radiculopathy at C7, right cubital tunnel and muscle weakness. According to progress note of October 19, 2015, the injured worker's chief complaint was continued pain and weakness in the right arm. The Mobic was helping. The objective findings were tenderness of the paracervicals, the sternocleidomastoid and trapezius. There was tenderness of the occipital protuberance. There was motor weakness of the right extension of triceps and flexion of the wrist, was 4 out of 5. There was decreased sensation of the right upper extremity at C6 and C8 dermatomes. The Tinel's sign was positive on the right cubital tunnel. There was a positive impingement sign and Hawkin's of the right shoulder. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) in the past, Vicodin and Ibuprofen. The RFA (request for authorization) dated the following treatments were requested a MRI of the cervical spine and EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities. The UR (utilization review board) denied certification on November 4, 2015, for a MRI of the cervical spine and EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities. The medication list includes Naproxen. The patient

had X-ray of the cervical spine on 9/21/15 that revealed loss of disc height. The patient's surgical history includes right shoulder arthroscopy on 3/25/2010. The medication list includes Naproxen, Naproxen, Wellbutrin, Ativan, Anaprox and Bupropion. The patient had received an unspecified number of massage therapy visits for this injury. Per the note dated 9/21/15, the patient had complaints of pain in cervical spine with radiation, numbness in the right upper extremity. Physical examination of the cervical spine on 8/3/15 revealed positive Spurling test. The patient had EMG of upper extremity on 8/2/2010 that was normal and MRI of the cervical spine on 8/2/2010 that revealed disc disease and degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine: Upheld

Claims Administrator 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), MRI (magnetic resonance imaging).

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 & Upper Back (updated 06/25/15), Magnetic resonance imaging (MRI).

Decision rationale: Request: 1 MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, 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." Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient had EMG of upper extremity on 8/2/2010 that was normal and MRI of the cervical spine on 8/2/2010 that revealed disc disease and degenerative changes. Significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. The patient does not have any severe, progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for 1 MRI of the cervical spine is not medically necessary for this patient.

1 EMG/NCS of the bilateral upper extremities: Overturned

Claims Administrator 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 & Upper Back (Acute & Chronic), Electrodiagnostic studies (EDS); Electromyography; Nerve conduction studies.

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

Decision rationale: 1 EMG/NCS of the bilateral upper extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, 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. 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." MRI of the cervical spine on 8/2/2010 that revealed disc disease and degenerative changes. The patient had diagnoses of cubital tunnel syndrome, displacement of the cervical intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, cervical radiculopathy, cervical spondylosis, cervical radiculopathy at C7. According to progress note of October 19, 2015, the injured worker's chief complaint was continued pain and weakness in the right arm. There was decreased sensation of the right upper extremity at C6 and C8 dermatomes. The patient had X-ray of the cervical spine on 9/21/15 that revealed loss of disc height. Per the note dated 9/21/15, the patient had complaints of pain in cervical spine with radiation, numbness in right upper extremity. Physical examination of the cervical spine on 8/3/15 revealed positive Spurling test. Patient has been treated conservatively with physical therapy and medications and still has significant pain in the upper extremity. The patient could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electro-diagnostic studies to find out the exact cause of the symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for 1 EMG/NCS of the bilateral upper extremities is medically appropriate and necessary for this patient at this time.