

Case Number:	CM15-0221213		
Date Assigned:	11/16/2015	Date of Injury:	02/10/2012
Decision Date:	12/29/2015	UR Denial Date:	11/10/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 2-10-12. Medical records indicate that the injured worker has been treated for post cervical spine surgical syndrome status post C5-6, C6-7 interbody fusion with persistent neck pain, radicular arm pain and cervicogenic headaches; bilateral shoulder impingement; thoracic pain; mechanical axial low back and radicular pain; cervicalgia; cervical disc degeneration. He currently (10-12-15) complains of worsening bilateral neck, bilateral posterior neck and bilateral shoulder pain with radiation into the bilateral elbow, forearm, interscapular, bilateral wrists, hands and thumbs. He has sleep difficulties. Per the 8-24-15 note, his pain levels were 6 out of 10 in the neck, 7 out of 10 headaches, 5 out of 10 right shoulder and 6 out of 10 left shoulder. Physical exam of the cervical spine (10-12-15) revealed decreased range of motion, pain with range of motion; decreased strength bilateral upper extremities. Per the 8-24-15 progress note, the treating provider's plan of care includes nerve conduction study of both upper extremities to rule out cervical radiculopathy versus peripheral entrapment and updated MRI of the cervical spine. Prior MRI results were not present. X-rays of the lateral neck confirmed prior cervical fusion C5-6, C6-7 and degenerative changes C7-T1. Treatments to date include cervical fusion C5-6, C6-7; right shoulder surgeries (1998); right carpal tunnel release (8-28-02); medication: hydrocodone, Seroquel, Zantac, Ambien, ibuprofen. The request for authorization dated 9-9-15 was for MRI of the cervical spine. The request for electromyography- nerve conduction study of bilateral upper extremities was not present. On 11-10-15 Utilization review non-certified the requests for MRI of the cervical spine; electromyography-nerve conduction study of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines Neck and Upper Back Chapter.

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker had a previous MRI in 2014 prior to C5-6 and C6-7 fusion. Those MRI results are not available for review. Current X-rays of the lateral neck confirmed prior cervical fusion C5-6, C6-7 and degenerative changes C7-T1. The last examination dated 8/24/15 does provide evidence of nerve impairment; therefore, the request is supported. The request for MRI for cervical spine is medically necessary.

EMG/NCS Bilateral Upper Extremity: Overturned

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: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCS may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is objective evidence of nerve compromise on physical examination; therefore, the request is supported. The request for EMG/NCS bilateral upper extremity is medically necessary.