

Case Number:	CM15-0035311		
Date Assigned:	03/03/2015	Date of Injury:	10/01/2010
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 67 year old female, who sustained an industrial injury on 10/1/10. She has reported neck, shoulders, elbows and hand. The diagnoses have included cervical pain and cervical radiculopathy. Treatment to date has included physical therapy, medications, surgery and activity modifications which have failed. Surgery included three cervical spine surgeries. Currently, the injured worker complains of right upper extremity radiculopathy and right neck pain which was worsening. The pain awakens her at night and was constant and unbearable at times. The pain was rated 8-9/10 on pain scale. Physical exam of the cervical spine revealed limited range of motion. The current medications included Acetaminophen, Amlodipine, Duloxetine, Escitalopram Oxalate, Lunesta, Lisinopril and Rosuvastatin Calcium. The x-ray of the cervical spine revealed osteophyte formation, spondylolisthesis and facet disease. Recommendation was for Computed Tomography (CT) Spect Cervical Spine and EMG/NCS bilateral upper extremities. On 2/23/15 Utilization Review non-certified a request for Computed Tomography (CT) Spect Cervical Spine, noting the (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines Chapter 8 neck and upper back complaints pages 177-178 and Official Disability Guidelines (ODG) were cited. Utilization Review non-certified a request for EMG/NCS bilateral upper extremities, noting (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines Chapter 10 elbow disorders and chapter 11 forearm, wrist and hand complaints and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Spect Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Symptoms and clinical findings have remained unchanged for this chronic injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for the CT of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT Spect Cervical Spine is not medically necessary and appropriate.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: The patient has established diagnosis of cervical radiculopathy by previous cervical spine surgeries and imaging studies. Additionally, current submitted reports have not adequately demonstrated any change in chronic symptoms and clinical findings of progressive neurological deficits suggestive of change in cervical radiculopathy diagnosis. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and

clinical findings to support for the electrodiagnostic study. The EMG/NCS bilateral upper extremities is not medically necessary and appropriate.