

Case Number:	CM15-0085815		
Date Assigned:	05/07/2015	Date of Injury:	09/09/2010
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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, New York
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:

This 49 year old woman sustained an industrial injury on 9/9/2010. The mechanism of injury is not detailed. Evaluations include cervical spine x-rays. Diagnoses include neck pain with probable early cervical degenerative disc disease. Treatment has included oral medications and chiropractic care. Physician notes dated 3/3/2015 show complaints of neck pain, thoracolumbar spine pain, and sternoclavicular pain. Recommendations include follow up with physician and facet block or other injections to the cervicothoracic region.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical spine with flexion/extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Radiology (x-ray) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, criteria for ordering imaging studies are 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 anatomy prior to an invasive procedure. The patient did not have documented red flags or was documented to have scheduled surgery. If patient fails a 3-4 week period of conservative therapy, imaging may be warranted but this does not appear to be the case. Therefore the request is considered not medically necessary.

EMG/NCV L upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter (EMG/NCV) sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): p268-269.

Decision rationale: The request for EMG/NCS of the upper right extremity is medically unnecessary. As per MTUS guidelines, special studies are not needed for true hand and wrist problems until 4-6 weeks of conservative care and observation. In the case of peripheral nerve impingement, if no improvement or worsening of symptoms occurs over 4-6 weeks, the electrical studies may be indicated. The conservative care documented included oral medications acupuncture, physical therapy, and chiropractic care. There was no decreased reflexes, strength or sensation on exam. There was no questionable radiculopathy that needed to be evaluated with electrodiagnostic testing. These reasons make the use of EMG/NCS medically unnecessary and unlikely to provide any additional helpful information.

Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Guidelines, Neck Chapter, Cervical brace section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, cervical collar, post-operative.

Decision rationale: As per the MTUS guidelines, "cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual 'preinjury' activities." As per ODG guidelines, cervical collar is recommended for multi-level anterior cervical discectomy and fusion, which has not been recommended for the patient. Therefore, this request is considered not medically necessary at this time.