MAXIMUS Federal Services

Case Number:	CM15-0242543		
Date Assigned:	12/21/2015	Date of Injury:	11/01/2002
Decision Date:	01/28/2016	UR Denial Date:	12/05/2015
Priority:	Standard	Application Received:	12/14/2015

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, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 1, 2002. In a Utilization Review report dated December 12, 2015, the claims administrator partially approved requests for cervical MRI imaging and electro-diagnostic testing of the bilateral upper extremities. The claims administrator referenced a November 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On November 12, 2015, the applicant reported multi-focal complaints of elbow, shoulder, knee, hip, and low back pain. The applicant was described as having constant neck pain complaints generating headaches. 9/10 pain complaints were reported. Said November 10, 2015 office visit made no mention of the need for cervical MRI imaging and electro-diagnostic testing. The applicant's treating provider was an anesthesiologist-pain management physician, it was reported. On a separate progress note dated November 12, 2015, the applicant reported increased pain about the neck and upper back. The applicant exhibited hyposensorium about portions of the cervical upper extremities distribution with positive Spurling maneuver. MRI imaging of the cervical spine and electro-diagnostic testing of bilateral upper extremities were sought. The attending provider stated that he could possibly consider an epidural steroid injection at C5-C6 and/or C6-C7 based on the outcome of the same. The requesting provider was an orthopedist, it was reported. Said orthopedist seemingly suggested that the applicant's pain complaints were worsening over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of cervical spine: Overturned

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

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

Decision rationale: Yes, the request for MRI imaging of the cervical spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging of the neck and/or upper back is "recommended" to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider, an orthopedist, seemingly suggested that he would likely act on the results of the study in question and potentially consider at least an epidural steroid injection based on the outcome of the same. The treating provider stated that he was intent on obtaining the cervical MRI imaging to evaluate reportedly worsening radicular complaints evident on said November 12, 2015 office visit. Therefore, the request was medically necessary.

1 EMG/NCV of the bilateral upper extremities: Upheld

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

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

Decision rationale: Conversely, the request for electro-diagnostic testing (EMG-NCV) of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, page 178 notes that EMG and/or NCV testing may help to identify subtle, focal, neurologic dysfunction in applicants with neck or arm complaints or both which persist greater than 3-4 weeks, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 to the effect that EMG testing is deemed "not recommended" for applicants with suspected nerve root involvement in findings of history, physical exam, and imaging study are consistent. Here, a concurrently ordered cervical MRI study was approved above, in question #1, the result of which, if positive, would obviate the need for the electro-diagnostic testing in question. Therefore, the request was not medically necessary.