MAXIMUS Federal Services

Case Number:	CM14-0108452		
Date Assigned:	08/01/2014	Date of Injury:	04/21/2012
Decision Date:	10/08/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31 year old male who reported an injury on 04/21/2012. The mechanism of injury was a slip and fall. His diagnoses included cervical sprain/strain, degenerative disc disease at C3-4 and C6-7, bilateral upper extremity radiculitis, and carpal tunnel syndrome. On 11/12/2013 and 01/21/2014 he had a bilateral L3-4 and L4-5 interarticular facet joint injections. He had an X-ray on 05/15/2014 of the cervical spine which showed straightening of the cervical lordosis with findings consistent with myospasms of the cervical spine. It was noted that he previously had an MRI of the cervical spine but results were not available. His previous surgeries were irrelevant to injury. On 06/12/2014 he reported constant severe neck pain which radiated down both of his arms associated with some numbness and tingling in both of his hands. He also informed the physician of cramping in his right shoulder and hands, and frequent headaches. Objective findings included range of motion of the cervical spine flexion of 25 degrees, extension of 30 degrees, and lateral bending of 15 degrees. The reflexes in the upper extremities were 1+ symmetrical at the biceps but unobtainable at the brachioradialis as well as the triceps and motor strength was 5/5. His medications included Ultram 50mg, Tylenol, Voltaren 75mg, Flexeril 10mg, and Xanax 0.5mg as needed. The treatment plan was for an MRI of the cervical spine, EMG/EDS/NCV to the right upper extremity and EMG/EDS/NCV to the left upper extremity. The rationale for request was so that the physician can better define the etiology of the injured workers symptoms and make recommendations regarding the most appropriate spinal injections for his condition. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Based on the clinical information submitted for review, the request for a magnetic resonance imaging (MRI) of the cervical spine is not medically necessary. As stated in California American College of Occupational and Environmental Medicine (ACOEM)/ California Medical Treatment Utilization Schedule (MTUS) Guidelines, if symptoms persist, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies. The injured worker reported a slip and fall. An x-ray on 05/15/2014 showed he had straightening of the cervical lordosis with findings consistent with myospasms of the cervical spine, and it was noted he had an MRI of the cervical spine but the results were not available for review. His physical examination revealed 5/5 motor strength with no significant neurological deficits. As the guidelines recommend imaging studies to assess significant neurological deficits, the documentation provided is insufficient to warrant a MRI. Also it is unclear as to what the initial MRI of the cervical spine showed since the report was not submitted for review. As such, the request for an MRI of the cervical spine is not medically necessary.

EMG/EDS/NCV to the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Nerve Conduction Studies

Decision rationale: Based on the clinical information submitted for review, the request for Electromyography/Electro diagnostic/Nerve Conduction Velocities to the right upper extremity is not medically necessary. As stated in California ACOEM/MTUS Guidelines, Electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. More specifically, the Official Disability Guidelines suggest that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been identified by electromyography and obvious clinical signs. However it is recommended if the electromyogram is not clearly negative. The injured worker reported a slip and fall. An x-ray on 05/15/2014 showed he had straightening of the cervical lordosis with findings consistent with myospasms of the cervical spine, and he it was noted he had an MRI of the cervical spine but the results were not available for review. His physical examination revealed 5/5 motor strength with no significant neurological deficits. In the absence of clinical documentation showing that the

injured worker had significant neurological deficits in a subtle pattern, the request is not supported. As such, the request for Electromyography/Electro diagnostic/Nerve Conduction Velocities to the right upper extremity is not medically necessary.

EMG/EDS/NCV to the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Nerve Conduction Studies

Decision rationale: Based on the clinical information submitted for review, the request for electromyography/electro diagnostic/nerve conduction velocities to the right upper extremity is not medically necessary. As stated in California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. More specifically, the Official Disability Guidelines suggest that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been identified by electromyography and obvious clinical signs. However it is recommended if the electromyogram is clearly negative. The injured worker reported a slip and fall. An x-ray on 05/15/2014 showed he had straightening of the cervical lordosis with findings consistent with myospasms of the cervical spine, and he it was noted he had an MRI of the cervical spine but the results were not available for review. His physical examination revealed 5/5 motor strength with no significant neurological deficits. In the absence of clinical documentation showing that the injured worker had significant neurological deficits in a subtle pattern, the request is not supported. As such, the request for Electromyography/Electro diagnostic/Nerve Conduction Velocities to the right upper extremity is not medically necessary.