

Case Number:	CM14-0114881		
Date Assigned:	08/04/2014	Date of Injury:	05/29/2012
Decision Date:	10/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Medicine 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 37 year old female who sustained injuries to her head, neck and face on 05/29/12 due to blunt trauma. MRI of the cervical spine dated 12/2013 noted significant white matter spinal cord changes with marked distortion of the cervical spine, which appeared to be extensive. Clinical note dated 05/02/14 reported that the injured worker complained of daily headaches, frequent dizziness, positional lightheadedness, postsurgical dysphasia, neck pain, upper extremity pain, burning sensation with aching/numbness in the bilateral lower extremities, calves, ankles, anxiety and difficulty sleeping. Physical examination noted positive Lhermitte's sign, severe tenderness in the cervical spinous processes/paravertebral trapezii, interscapular and sternocleidomastoid muscles; cervical range of motion noted at less than 10 degrees forward flexion, extension, bilateral rotation and bilateral flexion; slight tenderness was noted to the lumbar spinous processes and paraspinal musculature of the back with slight pain on all motion maneuvers; sensory examination noted decreased pinprick and light touch in the left upper extremity and slow coordination on the left. Abnormal sleepiness and fatigue severity scores were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI with and without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

Decision rationale: The previous request was denied on the basis that there was significant lack of evidence of any new emergence of a red flag. The injured worker had an MRI in December 2003 of the cervical spine. There were no significant changes in the injured worker's condition since previous MRI. Therefore, based on significant lack of clinical evidence of any new signs or symptoms of physiological evidence or emergence of red flag, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms that would warrant a repeat study. There is no mention that a surgical intervention was anticipated. Given this, the request for cervical MRI with and without contrast is not indicated as medically necessary.

MRI of the brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, MRI (magnetic resonance imaging)

Decision rationale: The previous request was denied on the basis that there was no evidence of a prior CT scan in the documentation provided, or prolonged interval of disturbed consciousness, or any acute changes noted in the documentation provided. Therefore, due to significant lack of evidence of prior CT scan, disturbed consciousness, or acute changes, the request for MRI of the brain is not supported. After reviewing the clinical documentation, there was no additional significant objective clinical information that would support reverse of the previous adverse determination. Given this, the request for MRI of the brain is not indicated as medically necessary

Polysomnogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Polysomnography

Decision rationale: The previous request was denied on the basis that there was a significant lack of clinical evidence and documentation of 6 months of insomnia, behavioral intervention, sleep promoting medications or psychiatric etiology evaluation. Therefore, based on the significant lack of evidence of a 6 month time frame, behavioral intervention, sleep promoting

medications or psychiatric etiology evaluation, the request for polysomnogram was not indicated as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for polysomnogram is not indicated as medically necessary.

Electromyogram/Nerve Conduction Velocity of Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electrodiagnostic testing (EMG/NCS)

Decision rationale: The previous request was denied on the basis that the evidence presented does not indicate that the injured worker has motor strength or sensory deficits in the left upper extremity on physical examination. However, the affected dermatomal/myotomal distributions were not specified. Additionally, the injured worker's most recent MRI of the cervical spine did not show any evidence of neural foraminal narrowing or nerve root involvement. In the absence of further evidence regarding the injured worker's current neurological deficits, it cannot be determined whether EMG is needed to identify subtle nerve involvement. Additionally, a clear rationale is not provided indicating how the requested diagnostic test would change the current treatment plan. Therefore, given the need for further documentation of the injured worker's neurological deficits and lack of clear rationale for the request, the request for EMG/NCV of the bilateral upper extremities was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given this, the request for EMG/NCV of the bilateral upper extremities is not indicated as medically necessary.

Neurosurgeon Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits

Decision rationale: The previous request was denied on the basis that there is a significant lack of clinical evidence to warrant a referral to a neurosurgeon. Although the injured worker reported headaches, there was no supporting documentation of neurological deficits or symptoms to warrant referral to a neurosurgeon. Therefore, based on a lack of clinical evidence of neurological deficits, the request was not deemed as medically appropriate. After reviewing the

submitted clinical documentation, there was no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given this, the request for neurosurgeon evaluation is not indicated as medically necessary.