

Case Number:	CM14-0181222		
Date Assigned:	11/05/2014	Date of Injury:	04/13/2005
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Interventional Spine 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 55 year old female with an injury date of 04/13/05. Based on the 08/12/14 QME report provided by [REDACTED] the injured worker complains of pain in the neck and lower back rated 6-8/10. Injured worker's medications include Celebrex, Norco, Cymbalta, Valium and Voltaren cream. Per progress report provided by [REDACTED] the injured worker is worse clinically. [REDACTED] is requesting electrodiagnostic testing of both upper and lower extremities and magnetic resonance imaging (MRI) of cervical and lumbar spines, "to get objective information necessary to proceed effectively with her care and management." Physical examination to the cervical spine on 10/06/14, revealed tenderness, diffuse spasm and decreased range of motion. Sensation to touch was diminished in the bilateral C6-7 distribution. Examination to the lumbar spine revealed bilateral paraspinal tenderness, decreased range of motion, and pain on extension and flexion. Sensation to touch was decreased in the L5-S1 distribution. Gait was normal. Per QME report dated 08/12/14: - progress report by [REDACTED] dated 04/28/05, states that "injured worker will undergo lumbar MRI" - When [REDACTED] chiropractic treatment failed, she sought the services of neurologist [REDACTED], at which point she underwent nerve conduction studies and MRI in 2006..." Diagnosis 08/12/14- lumbar radiculopathy- status post hemilaminectomy 05/09/06- status post lumbar fusion 03/13/08 Diagnosis 10/06/14- cervical radiculopathy- lumbosacral radiculopathy The utilization review determination being challenged is dated 10/17/14. The rationale follows: 1) Magnetic Resonance Imaging (MRI) of the Cervical Spine without Contrast: "only documented findings are some sensation deficits and no frank weakness. No mention of previous MRI results" 2) Magnetic Resonance Imaging (MRI) of the Lumbar Spine without Contrast: "only documented findings are some sensation deficits and no frank weakness. No mention of previous

MRI results"3) Electrodiagnostic Testing of the Bilateral Upper and Lower Extremities: "claimant does not have weakness so it is unclear how this test would alter the treatment plan" [REDACTED] is the requesting provider and he provided treatment reports from 03/27/14 - 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical Spine without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, and 303 - 304.

MAXIMUS 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) Neck and Upper Back (Acute & Chronic) Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications listed below. Indications for imaging - MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit "Per progress report dated 10/06/14, treating physician is requesting MRI of cervical spine, "to get objective information necessary to proceed effectively with her care and management." Physical examination to the cervical spine on 10/06/14 revealed tenderness, diffuse spasm and decreased range of motion. Sensation to touch was diminished in the bilateral C6-7 distribution. UR letter dated 10/17/14 states "only documented findings are some sensation deficits and no frank weakness. No mention of previous MRI results..." However, the injured worker presents with a diagnosis of cervical radiculopathy supported by physical examination. Review of medical record do not show injured worker had a cervical MRI previously. ODG supports an MRI after failure of conservative treatments if neurologic sign/symptoms are present. The request for Magnetic Resonance Imaging (MRI) of the Cervical Spine without Contrast is medically necessary.

Magnetic Resonance Imaging (MRI) of the Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, tables 8-7, 12-1 and 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (Magnetic Resonance Imaging) (L-Spine)

Decision rationale: Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: " Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." Per progress report dated 10/06/14, treating physician is requesting MRI of lumbar spine, "to get objective information necessary to proceed effectively with her care and management." Physical examination to the lumbar spine on 10/06/14 revealed normal gait, bilateral paraspinal tenderness, decreased range of motion, and pain on extension and flexion. Sensation to touch was decreased in the L5-S1 distribution. The injured worker presents with a diagnosis of lumbosacral radiculopathy supported by physical examination. Per QME report dated 08/12/14, the injured worker had an MRI about 8 years ago and an updated MRI may be reasonable if the injured worker was post-operative, had a new injury, progression of neurologic findings, or significant change in clinical presentation. Routine MRI's are not recommended in chronic pain. There is no trauma to the spine, and no evidence of red flags. The request does not meet guideline criteria. The request for Magnetic Resonance Imaging (MRI) of the Lumbar Spine without Contrast is not medically necessary.

Electrodiagnostic Testing of the Bilateral Upper and Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 262.

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 10/06/14, treater is requesting electrodiagnostic testing of the bilateral upper extremities, "to get objective information necessary to proceed effectively with her care and management." Physical examination to the cervical spine on 10/06/14, revealed tenderness, diffuse spasm and decreased range of motion. Sensation to touch was diminished in the bilateral C6-7 distribution. UR letter dated 10/17/14 states "claimant does not have weakness so it is unclear how this test would alter the treatment plan." However, the injured worker presents with a diagnosis of cervical radiculopathy supported by physical examination. There is no evidence that this injured worker has had prior EMG/NCV upper extremities studies done previously.

Given the injured worker's upper extremity symptoms and ACOEM discussion, EMG/NCV studies would appear medically reasonable. The injured worker presents with pain in the neck and lower back rated 6-8/10. The request is for Electrodiagnostic Testing of the Bilateral Lower Extremities. She is status post hemilaminectomy 05/09/06 and lumbar fusion 03/13/08. Injured worker's diagnosis dated 10/06/14 included cervical radiculopathy and lumbosacral radiculopathy. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG guidelines have the following regarding EMG studies: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) ODG guidelines have the following regarding EMG studies: Per progress report dated 10/06/14, treating physician is requesting electrodiagnostic testing of the bilateral lower extremities, "to get objective information necessary to proceed effectively with her care and management." Physical examination to the lumbar spine on 10/06/14 revealed normal gait, bilateral paraspinal tenderness, decreased range of motion, and pain on extension and flexion. Sensation to touch was decreased in the L5-S1 distribution. The injured worker presents with a diagnosis of lumbosacral radiculopathy supported by physical examination. Per QME report dated 08/12/14, the injured worker underwent nerve conduction studies about 8 years ago and an updated electrodiagnostic test may be reasonable. However, there is no neurologic deterioration, new injury, new symptoms to consider repeat of the study. The request for Electrodiagnostic Testing of the Bilateral Lower Extremities is not medically necessary. Since electrodiagnostic testing of the bilateral lower extremities is not recommended, the compounded request for Electrodiagnostic Testing of the Bilateral Upper and Lower Extremities is not medically necessary as well.