

Case Number:	CM14-0211728		
Date Assigned:	12/24/2014	Date of Injury:	03/27/2014
Decision Date:	02/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: 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:

This is a 54-year-old male with a 3/27/14 date of injury. The injury occurred when he tripped and fell while carrying buckets. According to a progress report dated 10/28/14, the patient reported constant minimal to moderate neck pain, mid-back pain, right shoulder pain, right arm pain, right arm numbness, and right wrist pain. His left anterior thigh numbness and left ankle pain have resolved. Objective findings (from 10/23/14): normal flexion of cervical spine range of motion, all other cervical range of motion decreased approximately 5%, bilateral cervical and thoracic muscle spasms, limited right shoulder range of motion with pain. A cervical spine MRI dated 8/6/14 revealed moderate multilevel discogenic degenerative change centered at C5-6 where there is moderate central and bilateral foraminal narrowing. Diagnostic impression: cervical sprain/strain, thoracic sprain/strain, and shoulder sprain/strain. Treatment to date: medication management, activity modification, and chiropractic care. A UR decision dated 11/18/14 denied the requests for cervical MRI, EMG/NCV for the right UE, and 6 more sessions of chiropractic care for the cervical spine. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: 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): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. According to the reports reviewed, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no documentation as to failure of conservative management. Furthermore, it is noted that she had a cervical MRI performed on 8/6/14. There have been no interval changes since the previous MRI, and there is no indication on physical exam or subjective complaints, and no red flags, to warrant a repeat MRI in such a short period of time. Therefore, the request for Cervical MRI is not medically necessary.

EMG/NCV for the right UE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6, Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - EMG/NCV.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, in the present case, there was no documentation of bilateral upper extremity neurological issues. In addition, there were no objective signs documented that suggest radiculopathy or neuropathy. Furthermore, there is no documented evidence of failure of conservative measures of treatment. Therefore, the request for EMG/NCV for the right UE was not medically necessary.

Chiropractic care for the cervical spine: 6 more sessions: 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): 173, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Manipulation.

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In the present case, it is noted that this patient has received prior chiropractic treatment. However, the number of sessions completed was not documented. In addition, there is no documentation of functional improvement from previous treatment to establish the medical necessity for continued treatment. Therefore, the request for Chiropractic care for the cervical spine: 6 more sessions was not medically necessary.