

Case Number:	CM15-0100363		
Date Assigned:	06/02/2015	Date of Injury:	06/20/2011
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on June 20, 2011. He reported an injury to his neck, mid back and ribs. He was diagnosed with sprain of the neck, sprain of the lumbar region, sprain of the ribs. Treatment to date has included chiropractic therapy, home exercise, diagnostic imaging, ice therapy, and medications. Currently, the injured worker complains of continued neck and low back pain. He reports some improvement in his pain and range of motion with chiropractic therapy. The improvement with chiropractic therapy allows him to stand and walk for longer periods of time and to reduce his intake of oral medication. He does report some stiffness and difficulty sleeping, bending, stooping, squatting, prolonged standing and walking, lifting, pushing and pulling objects. On physical examination the injured worker had tenderness to palpation and spasm over the cervical and lumbar paravertebral musculature. He had an increased range of motion and ambulated with a slightly antalgic gait. The diagnoses associated with the request include cervical radiculopathy and lumbosacral radiculopathy. The treatment plan includes MRI of the cervical spine without contrast in order to evaluate for internal derangement, EMG/NCV of the bilateral upper extremities to evaluate for the cause of his paresthesias and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, cervical spine: 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), Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for neck and low back pain. When seen, there had been improvement with six sessions of chiropractic care. Physical examination findings included cervical and lumbar spine muscle spasms and tenderness and a slightly antalgic gait. His range of motion had improved. Applicable criteria for obtaining an MRI of the cervical spine include neck pain with radiculopathy, if severe, or the presence of progressive neurologic deficit. In this case, the claimant's symptoms are responding to conservative treatment and there is no progressive neurologic deficit or physical examination finding that supports the need to obtain a cervical spine MRI which is therefore not medically necessary.

Diagnostic test EMG/NCV, Bilateral upper 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), Neck and upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for neck and low back pain. When seen, there had been improvement with six sessions of chiropractic care. Physical examination findings included cervical and lumbar spine muscle spasms and tenderness and a slightly antalgic gait. His range of motion had improved. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or documented neurological examination finding that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. Therefore, this request is not medically necessary.