

Case Number:	CM15-0010158		
Date Assigned:	01/27/2015	Date of Injury:	01/18/2000
Decision Date:	03/17/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/16/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The patient is a 44 year old male who sustained a work related injury on January 18, 2000. There was no mechanism of injury documented. The injured worker was diagnosed with lumbago, cervicgia, myofascial pain syndrome/fibromyalgia. No past surgical interventions were documented. According to the primary treating physician's progress report on October 9, 2014, the patient continues to experience ongoing neck pain with frequent headaches and low back pain with radiation of numbness to the L4 dermatome to the toes. On examination the cervical spine was noted to have decreased flexion, extension and rotation along with tenderness. Current medications consist of Fioricet, Norco, Ibuprofen and Ambien. Treatment modalities are noted as to continue vocational rehabilitation according to the October 9, 2014 physician's progress note. The injured worker is Permanent & Stationary (P&S). The treating physician has requested authorization for Electromyography (EMG) of the cervical spine and right arm; Cervical Spine Magnetic resonance imaging (MRI). On January 15, 2015 the Utilization Review denied certification for Electromyography (EMG) of the cervical spine and right arm; Cervical Spine Magnetic resonance imaging (MRI). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: 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), Online version, Neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. Per the guidelines, a MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.

EMG of the cervical spine and right arm: 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), Online version, Neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Per the guidelines, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities.