

Case Number:	CM15-0010338		
Date Assigned:	01/28/2015	Date of Injury:	11/16/2013
Decision Date:	03/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on November 16, 2013. Her diagnoses include lumbar disc protrusion, cervical myospasms, cervical degenerative joint disease /degenerative disc disease, cervical radiculopathy, and cervical disc protrusion. There is no record of recent MRI. She has been treated with work modifications and pain medication. On August 20, 2014 , the claimant had an MRI of the cervical spine which showed disc protrusion of C5-C6, C4-C5 neuroforaminal narrowing. and C6-C7 disc extrusion. On October 29, 2014, her treating physician reports the injured worker had been seen the emergency room on October 10, 2014. The injured worker complains of lower back pain with right leg pain, weakness in the bilateral upper extremities with the right greater than the left, urinary incontinence. The physical exam revealed positive straight leg raise, decreased range of motion, and tender paraspinals of the lumbar spine. The cervical spine had tender paraspinals, mild decreased range of motion in all planes with pain, and positive Spurling's. The treatment plan includes CT scan of the cervical spine to rule out ossification of the posterior longitudinal ligament (OPLL), electromyography/nerve conduction velocity study, consultation with a psychologist (prefusion), and x-ray of the cervical spine, with AP, lateral, flexion, and extension. On November 26, 2014, her treating physician reports the injured worker had been seen in the emergency room for an eleven hour loss of consciousness. The physical exam was unchanged. The treatment plan includes CT scan of the cervical spine to rule out ossification of the posterior longitudinal ligament (OPLL), electromyography/nerve conduction velocity study, consultation with a psychologist (prefusion), and x-ray of the cervical spine, with AP, lateral, flexion, and

extension. On January 19, 2015, the injured worker submitted an application for IMR for review of a request for EMG/NCV (electromyography/nerve conduction velocity study) of the bilateral lower extremities, x-ray of the cervical spine, with AP, lateral, flexion, and extension, and consultation with a psychologist (prescription). The electromyography/nerve conduction velocity study was non-certified based on the limited objective findings on examination of suggestive of nerve root compromise or peripheral dysfunction. The x-rays were non-certified based on there was limited current information beyond the injured worker's loss of consciousness and a visit to the emergency room. There was a lack of documentation of the plan of care regarding x-ray imaging. The psychologist (prescription) consultation was non-certified based on lack of documentation of clear plan of care regarding this request. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines, and ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the guidelines, electrodiagnostics are not recommended for diagnosing nerve root involvement if the physical exam, imaging and history are consistent. It is recommended for clarifying nerve root dysfunction. In this case, the claimant's, the previous MRI and exam history are consistent. The EMG/NCV would not change the treatment course. The request above is not medically necessary.

X-Ray of the Cervical Spine with AP, Lateral, Flexion and Extension Views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Initial studies of the neck are appropriate when red flag findings such as tumor, infection, trauma or acute neurological changes are noted. In this case, the claimant had an MRI within the last 4 months. There were no new neurological findings or recent trauma. The

previous MRI findings are consistent with recent clinical exam. The request for cervical x-rays is not medically necessary.

Consultation with a Psychologist (Prefusion): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Behavioral interventions /Psychological evaluations Page(s): 23, 100-101.

Decision rationale: According to the guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. They are recommended prior to spinal cord stimulator or intrathecal delivery systems. In this case, the request was for a consultation prior to fusion which is not indicated according to the guidelines and therefore not medically necessary.