

Case Number:	CM15-0014707		
Date Assigned:	02/02/2015	Date of Injury:	10/20/2012
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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 female, who sustained an industrial injury on 10/12/2012. On provider visit 12/9/2013 the injured worker has reported numbness and tingling in right arm and hand, an headaches. On examination she was noted to have a decreased range of motion in the cervical spine area due to pain, tenderness over the cervical paraspinal, occipital area, interscapular area and subscapular area bilaterally. She was noted to have altered sensation in the anterior and lateral aspects of her arms bilaterally and legs bilaterally from knees to feet. The diagnoses have included cervical pain, cervical degenerative disc disease, and right C6 radiculopathy and right rotator cuff strain. Treatment to date has included steroid injections and medication. On 01/21/2015 Utilization Review non-certified bilateral upper extremity electromyogram/nerve conduction studies and cervical spine MRI, as not medical necessary. The CA MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral upper extremity EMG/NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended Policy for Electrodiagnostic Medicine

Decision rationale: The claimant sustained a work injury due to a motor vehicle accident occurring when her vehicle was struck from behind. When seen by the requesting provider she was having radiating neck pain with numbness and tingling in the arms and hands. Physical examination findings included reproduction of numbness and tingling in the left greater than right upper extremity with shoulder abduction. Prior testing has included an MRI of the cervical spine and upper extremity EMG/NCS testing in July 2005. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barré syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications is present.

One (1) cervical spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The claimant sustained a work injury due to a motor vehicle accident occurring when her vehicle was struck from behind. When seen by the requesting provider she was having radiating neck pain with numbness and tingling in the arms and hands. Physical examination findings included reproduction of numbness and tingling in the left greater than right upper extremity with shoulder abduction. Prior testing has included an MRI of the cervical spine and upper extremity EMG/NCS testing in July 2005. A repeat cervical spine MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant is being treated for chronic neck pain and has already had a cervical spine MRI. There is no identified new injury and there are no findings suggestive of significant pathology as outlined above. Therefore the cervical spine MRI was not medically necessary.