

Case Number:	CM15-0015505		
Date Assigned:	02/03/2015	Date of Injury:	07/27/2004
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania

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 53 year old male, who sustained an industrial injury on 07/27/2004. He has reported neck pain. The diagnoses have included cervical spine stenosis; degeneration of cervical intervertebral discs; and cervicgia. Treatment to date has included medication, chiropractic, and physical therapy. Medications have included Tylenol and Ibuprofen. A progress note from the treating physician, dated 12/19/2014, documented a follow-up visit with the injured worker. The injured worker has reported neck pain radiating into his left shoulder; weakness of the left upper limb, mainly weakness in the left arm; numbness in the left arm and forearm; left shoulder joint "clicking"; and pain is rated at 6-7/10 or 2-3/10 on the visual analog scale, depending on the day. Objective findings included moderate cervical paraspinal muscles spasm; moderate limitation of the neck movements in all directions; and mild thinning of the left deltoid muscle bulk; and weakness of the movements of the left arm. The treatment plan has included x-rays and MRI of the cervical column; EMG/NCS of the left upper limb; and follow-up evaluation as scheduled. On 01/19/2015 Utilization Review noncertified a prescription for EMG left upper extremity; NCS left upper extremity; NCS of cervical spine; MRI of cervical spine; and X-ray of cervical spine. The CA MTUS, ACOEM and the ODG were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of EMG left upper extremity; NCS left upper extremity; NCS of cervical spine; MRI of cervical spine; and X-ray of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back: EMG

Decision rationale: The ODG states "While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment." This worker had a previous EMG in 2008. There is no indication that there has been a new injury or symptoms. Furthermore the presence of radiculopathy is consistent with the history and exam and MRI. There is no suggestion in the physician progress note exam or assessment that a brachial plexus abnormality, carpal tunnel syndrome, or other neuropathy may be present. Medical necessity for a left upper extremity EMG has not been established.

NCS Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back: Nerve Conduction Studies

Decision rationale: The ODG states: "There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. "This worker had a previous NCS in 2008. There is no indication that there has been a new injury or symptoms. Furthermore the presence of radiculopathy is consistent with the history and exam and MRI. There is no suggestion in the physician progress note exam or assessment that a brachial plexus abnormality, carpal tunnel syndrome, or other neuropathy may be present. Medical necessity for a left upper extremity NCS has not been established.

NCS of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back: Nerve Conduction Studies

Decision rationale: The ODG states: "There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. "This worker had a previous NCS in 2008. There is no indication that there has been a new injury or symptoms. Furthermore the presence of radiculopathy is consistent with the history and exam and MRI. There is no suggestion in the physician progress note exam or assessment that a brachial plexus abnormality, carpal tunnel syndrome, or other neuropathy may be present. Medical necessity for a cervical spine NCS has not been established.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back: MRI

Decision rationale: This worker had an MRI 3/14/2008 which showed cervical spine stenosis. MRI 11/24/2014 showed central canal spondylosis/stenosis from C4-5 through C6-7, impingement of ventral spinal cord and impingement of left C6 nerve root. The ODG states: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." There is no indication that there has been a significant change in this worker's symptoms since the 11/24/2014 MRI. Furthermore there is no adequate explanation of how the previous MRI was inadequate.

X-ray of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back, Radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back: Radiography (x-rays)

Decision rationale: X-ray of the cervical spine was requested to look for instability. According to the ODG, "In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice." which this patient has already had. There is no indication that an x-ray would change the management plan in this case.