

Case Number:	CM15-0126860		
Date Assigned:	07/13/2015	Date of Injury:	10/04/2007
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] ([REDACTED]) beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 4, 2007. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for cervical MRI imaging, lumbar MRI imaging, and electro diagnostic testing of all four extremities. The claims administrator referenced a June 16, 2015 RFA form and associated progress note of June 15, 2015 in its determination. The applicant's attorney subsequently appealed. In an April 29, 2015 medical-legal evaluation, it was stated that the applicant had received six injections of various kinds to the cervical spine over the course of claim. The medical-legal evaluation suggested that the applicant was working on a part-time basis at a rate of six hours a day, as an office assistant. The applicant was attending the gym. The medical-legal evaluation suggested the applicant obtain updated cervical and lumbar MRI studies as well as updated electro diagnostic testing, noting that the applicant had had prior electro diagnostic testing in 2014. The medical-legal evaluator noted that the applicant had undergone a percutaneous cervical microdecompression procedure, suggested that the applicant was happy with the results of the same, but also noted that the applicant had residual neck and back pain complaints. The medical-legal evaluator stated that the applicant did not have any residual cervical radiculopathy evident at this point. In multiple RFA forms dated June 16, 2015, cervical MRI imaging, lumbar MRI imaging and electro diagnostic testing of all four extremities were proposed. In an associated handwritten progress note of June 15, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck pain radiating to the left arm and low back pain radiating into the bilateral lower extremities,

exacerbated by bending and lifting. The applicant was working six hours a day, it was reported. Large portions of progress notes were difficult to follow. The applicant was described as "stable" in another section of the note. Tenderness about the cervical and lumbar paraspinal musculatures was appreciated. X-rays of the cervical and lumbar spines, electro diagnostic testing of all four extremities, and MRI imaging of the cervical and lumbar spines was sought. It was not stated how (or if) these studies would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

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

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

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure involving the cervical spine as of the date in question, June 15, 2015. Overall commentary on that date was sparse. The attending provider did not state how (or if) the proposed cervical MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. On a medical-legal evaluation of April 29, 2015, the applicant had no residual cervical radicular complaints following an earlier percutaneous cervical microdecompression procedure. It was not clearly established, in short, why cervical MRI imaging was sought in the face of the applicant's stable presentation. Therefore, the request was not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no

mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that multiple different MRI studies significantly reduced the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or go on to consider surgical intervention based on the outcome of the same. The attending provider did not state why and/or for what purpose the study in question was ordered in a sparse June 15, 2015 progress note. Therefore, the request was not medically necessary.

Retrospective request for EMG (Electromyography) study of bilateral upper and bilateral lower 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, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 182; 272; 309.

Decision rationale: Finally, the request for EMG testing of the bilateral upper and bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing in applicants with neck or upper back complaints to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of epidural steroid injection therapy or surgical intervention based on the outcome of the EMG testing in question. It was not stated how the proposed EMG testing of the upper and lower extremities would influence or alter the treatment plan. The MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309 also note that EMG testing is "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant's medical-legal evaluation suggested on April 29, 2015 that the applicant in fact had a clinically obvious lumbar radiculopathy with radiographic evidence of multilevel disk protrusions and multilevel spinal stenosis. Such findings did, thus, seemingly establish the diagnosis of lumbar radiculopathy. Finally, the MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of EMG testing in evaluation of applicants with nerve entrapment is "not recommended." Here, the fact that EMG testing of all four extremities, MRI imaging of lumbar spine, and MRI imaging of cervical spine were concurrently ordered, did strongly suggest that such testing was being performed for routine use or routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.