

Case Number:	CM15-0149023		
Date Assigned:	08/14/2015	Date of Injury:	04/18/2009
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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 57 year old female, who sustained an industrial injury on 4-18-2009. She reported developing pain in the neck and headaches from repetitive use. Diagnoses include cervical strain-sprain, cervical myospasm, and right sided cervical radiculitis. Treatments to date include Norco. Currently, she complained of constant headaches and neck pain with muscle spasm with radiation to the right shoulder. The medical records included an evaluation dated 12-12-14, suggesting cervical fusion, however, documentation did not support that this had been completed. On 4-6-15, the physical examination documented cervical spine tenderness, guarding, and spasm, decreased range of motion, and noticeable trigger points. There was decreased sensation to the right hand and decreased strength noted. The records submitted for review included results for cervical spine MRI's dated 2010 and 2013 and cervical x-ray results from 10-7-14 all reporting significant multilevel cervical disc protrusion, spondylosis, and joint arthritis. The plan of care included radiographic imaging. The appeal requested authorization of a cervical spine MRI, cervical spine CT scan, and electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities. The Utilization Review dated 7-22-15, denied the requests stating "the specific treatment appears appropriate based on evidence based guidelines, this claimants employer participated in a Medical Provider Network (MPN) and all treatment and services must be obtained from an MPN provider. We cannot confirm that you are in the MPN."

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. There was a simultaneous request for a CT and x-rays of the cervical spine. Prior x-rays and MRIs as well as exam results indicated findings consistent with C4-C6 radiculopathy. The request for an MRI of the cervical spine is not medically necessary.

Computed tomography (CT) scan of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM guidelines, an CT of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. There was a simultaneous request for another MRI and x-rays. Prior x-rays and MRIs as well as exam results indicated findings consistent with C4-C6 radiculopathy. The request for a CT of the cervical spine is not medically necessary.

Electromyogram (EMG) and Nerve Conduction Velocity (NCV) of the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had a prior EMG/NCV in 2013 that were consistent with exam and MRI findings of C4-C6 radiculopathy. The recent x-rays show consistent degenerative changes. The request for another EMG/NCV is not medically necessary.