

Case Number:	CM15-0174796		
Date Assigned:	09/25/2015	Date of Injury:	10/16/2014
Decision Date:	11/19/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 43 year old female, who sustained an industrial injury on 10-16-14. She reported neck pain with numbness and tingling in bilateral upper extremities and low back pain with numbness and tingling of bilateral lower extremities. The injured worker was diagnosed as having cervical spine sprain or strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, low back pain, lumbar spine sprain or strain rule out herniated nucleus pulposus, and rule out lumbar radiculopathy. Treatment to date has included extracorporeal shockwave therapy for the cervical spine, physical therapy, chiropractic treatment, injections, and medications including Deprizine, Dicopanol, Fanatrex, Synapryn, Cyclobenzaprine, Ketoprofen cream, and Tabradol. An electromyography study of the upper extremities performed on 11-21-14 revealed possible C5-6 radiculopathy. A nerve conduction study of bilateral upper extremities performed on 11-21-14 revealed a pattern consistent with mild bilateral carpal tunnel syndrome left greater than right and mild bilateral cubital tunnel syndrome. A MRI of the lumbar spine obtained on 11-20-14 revealed a large mass anterior to the lumbar segments and sacrum, L4-5 central disc protrusion that compresses the thecal sac and bilateral descending nerve roots with spinal canal stenosis and left foramina stenosis, and disc desiccation or dehydration at L4-5. Physical examination findings on 8-18-15 included positive bilateral straight leg raises and intact sensation in the right lower extremity. The injured worker's pain ratings were not included in the submitted documentation. On 8-18-15, the injured worker complained of loss of bladder and bowel control. On 7-23-15, pain was noted in the upper and lower back. The request for authorization date is unclear. The treating physician requested

authorization for a MRI of the lumbar spine and thoracic spine and electromyography (EMG) or a nerve conduction study (NCS) of bilateral upper and lower extremities. On 9-8-15, the requests were non-certified. Regarding EMG of bilateral upper extremities, the utilization review (UR) physician noted "there is a lack of clinical information by which to justify the medical necessity of this request. There are no physical exam findings regarding the cervical spine or the upper extremities." Regarding EMG of bilateral lower extremities, the UR physician noted "there are no included medical records that identify or explain the necessity of this testing for this patient." Regarding a MRI of the lumbar spine, the UR physician noted "there is no documentation of a significant change in symptoms or findings suggestive of significant pathology to justify repeat imaging." Regarding a MRI of the thoracic spine, the UR physician noted "the most recent note from 8-18-15 does not indicate if this patient has pain in the thoracic spine with palpation, hyperreflexia, sensory loss, or other findings to suggest clinical reasoning for this testing."

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 lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/ MRIs (magnetic resonance imaging).

Decision rationale: The request is for an MRI of the lumbar spine. The ODG guidelines state the following regarding qualifying criteria: Indications for imaging - Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags", Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic, Myelopathy, painful, Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient, Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient would qualify for an MRI based on the above set standards. This is secondary to a change in clinical status or described "red flags" specifically loss in bowel and bladder control documented on 8/18/15. Her previous MRI on Nov 20, 2014 did show L4/L5 disc protrusion with compression of the thecal sac and descending nerve roots. As such, the request is certified. Therefore, the request is medically necessary.

EMG (Electromyography)/ NCS (Nerve Conduction Study) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 request is for nerve conduction studies. The MTUS guidelines are silent regarding this issue. The ODG states the following: 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. 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. (Emad, 2010) (Plastaras, 2011) (Lo, 2011) (Fuglsang-Frederiksen, 2011) See also the Shoulder Chapter, where nerve conduction studies are recommended for the diagnosis of TOS (thoracic outlet syndrome). Also see the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. In this case, the use of this diagnostic test is not supported. This is secondary to their being no evidence of radiculopathy seen on her MRI study on Nov 20, 2014, with the impression not showing any sign of nerve compression. As such, the request is not certified. Therefore, the request is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The request is for an MRI of the thoracic spine. The ACOEM guidelines state that when there is physiological evidence of tissue insult or neurological deficits, consider a discussion with a consultant regarding the next steps including MRI imaging. An imaging study may be appropriate in patients where symptoms have lasted greater than 4-6 weeks and surgery is being considered for a specific anatomic defect or to further evaluate the possibility of serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. In this case, an MRI of the thoracic spine is not supported. This is secondary to a lack of documentation revealing neurological deficit at this level or "red flags" prompting testing. Pending receipt of this information, the request is not certified.

EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Nerve conduction studies (NCS).

Decision rationale: The request is for nerve conduction studies. The ODG state the following regarding this study: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, the patient does not meet criteria for the study requested. This is secondary to radiculopathy already diagnosed in the records. Pending receipt of information further clarifying how this would change the management rendered, the study is not certified.