

Case Number:	CM15-0174953		
Date Assigned:	09/16/2015	Date of Injury:	02/07/2015
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 50 year old male, who sustained an industrial injury on 2-07-2015. Diagnoses include cervical stenosis at C3-4 with spinal cord compression and cervical spondylitic radiculopathy at C5-6 and C6-7. Treatment to date has included acupuncture, medications including NSAIDs, physical therapy, injections and home exercise. Per the handwritten and partially legible Secondary Treating Physician's Progress Report dated 8-05-2015, the injured worker reported constant neck pain and dropping of items. Objective findings included tenderness and spasm of the cervical paraspinal muscles. The plan of care included repeat electrodiagnostic studies, acupuncture and a home exercise program. On 8-14-2015, Utilization Review non-certified/modified the request for computed tomography (CT) myelogram of the cervical spine and EMG (electromyography) and NCS (nerve conduction studies) of the right and left lower extremities citing lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram of cervical spine: Overturned

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: Per ACOEM, page 177: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. In this case, the patient has failed to progress with a strengthening program and conservative therapy. He may require surgery and should have anatomic clarification of his pathology. Therefore, the requested treatment is medically necessary.

EMG, right lower extremity: Upheld

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

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

Decision rationale: The records document complaints of L5 radiculitis with numbness of the left leg. Per ACOEM, Low Back: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms. This patient has had symptoms for several months. EMG is indicated but only for the left leg. The patient does not have right leg symptoms. Therefore, the requested treatment is not medically necessary.

EMG, left lower extremity: Overturned

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

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

Decision rationale: Per ACOEM, Low Back, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms." The records indicate that all of the patient's symptoms are on the left leg. Electrical studies of the left leg are indicated. Therefore, the requested treatment is medically necessary.

NCV, left lower extremity: Overturned

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

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

Decision rationale: The patient has L-5 root compression with left leg sensory changes. Per ACOEM, low back, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms." The patient is symptomatic, and further workup with NCV testing is indicated. Therefore, the requested treatment is medically necessary.

NCV, right lower extremity: Upheld

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

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

Decision rationale: Per ACOEM, Low Back, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms." The records indicate that all of the patient's symptoms are on the left leg. Electrical studies of the right leg are not indicated. Therefore, the requested treatment is not medically necessary.