

Case Number:	CM15-0178345		
Date Assigned:	09/18/2015	Date of Injury:	10/07/2010
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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: New York
 Certification(s)/Specialty: Internal 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 30 year old male, who sustained an industrial injury on 10-07-2010. Work status or prior imaging studies not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for chronic headaches and chronic neck pain. Treatment and diagnostics to date has included physical therapy, acupuncture, chiropractic treatment, and medications. Current medications include Advil (Ibuprofen) since at least 03-17-2015. In a progress note dated 08-18-2015, the injured worker reported headache and neck pain. Objective findings included cranial nerves screening testing of cranial nerves II-XII is "within normal limits for age", increased pinprick and light touch on the left side, and hypoactive deep tendon reflexes. The treating physician noted that "the patient has ongoing difficulty with chronic headaches post-motor vehicle accident which occurred about 5 years ago". The Utilization Review with a decision date of 09-02-2015 denied the request for EEG (electroencephalogram), EMG-NCV (electromyography-nerve conduction velocity studies), MRI brain, and MRI cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG (electroencephalogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: EEG (electroencephalogram).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, EEG (neurofeedback).

Decision rationale: MTUS does not address this request. EEG is diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. ODG recommends EEG (electroencephalography) for diagnosing seizure disorders, if there is failure to improve or additional deterioration following initial assessment and stabilization. The injured worker complains of chronic headaches. Documentation fails to show significant objective clinical findings of neurological deficits to establish the medical necessity for EEG testing. The request for EEG (electroencephalogram) is not medically necessary per guidelines.

EMG (electromyography)/ NCV (nerve conduction velocity): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker complains of chronic neck pain. Physician reports fail to demonstrate clinical signs of radiculopathy. Furthermore, documentation does not show objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG (electromyography)/ NCV (nerve conduction velocity) is not medically necessary per guidelines.

MRI (magnetic resonance imaging), Brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, MRI (magnetic resonance imaging).

Decision rationale: MTUS does not address this request. ODG states that MRI is more sensitive than CT for detecting traumatic cerebral injury. MRI scans are useful in assessing transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. Per ODG, Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. ODG recommends MRI of the Brain when there is a need to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness or to define evidence of acute changes super-imposed on previous trauma or disease. The injured worker complains of chronic headaches. Documentation fails to reveal objective clinical evidence of specific nerve compromise indicating red flags on physical examination or acute changes in symptoms that would warrant additional imaging. The request for MRI (magnetic resonance imaging), Brain is not medically necessary by guidelines.

MRI (magnetic resonance imaging), Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - MRI (magnetic resonance imaging).

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

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. The injured worker complains of chronic neck pain. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI (magnetic resonance imaging), Cervical spine is not medically necessary.