

Case Number:	CM15-0026324		
Date Assigned:	02/18/2015	Date of Injury:	03/28/2014
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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: Florida, New York, Pennsylvania
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 61 year old male, who sustained an industrial injury on March 28, 2014. He has reported neck pain and bilateral arm pain. The diagnoses have included cervicgia, shoulder pain and lower back pain. Treatment to date has included medications, injections, acupuncture, one session of physical therapy, and imaging studies. A progress note dated January 8, 2015 indicates a chief complaint of continued neck pain, bilateral shoulder pain, left arm pain and hand numbness. Physical examination showed decreased or absent arm reflexes, decreased sensation of the bilateral arms, right shoulder crepitus and decreased range of motion, and left shoulder tenderness and positive impingement sign. The treating physician is requesting a magnetic resonance imaging of the cervical spine and repeat electromyography/nerve conduction study of the bilateral upper extremities. On January 12, 2015 Utilization Review denied the request citing the American College of Occupational and Environmental Medicine Guidelines.

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): 182.

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

Decision rationale: DOI for the IW is listed as 28 Mar14 with an MRI accomplished 29 Mar 14. At that time the report indicated the presence of mod-severe foraminal outlet obstruction at C4-5. At the examination 8Jan15 the member did not have any report of an acute exacerbation, presence of any alarm symptoms or extenuating circumstances. An MRI to validate root compromise, based on clear history and physical examination findings, in preparation for invasive procedure could be recommended. However in the absence of the required information in this case at the time of the reported examination there is no justification for a repeat MRI at this time. The UR Non-Cert is supported.

Repeat EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper 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 Page(s): 182.

Decision rationale: An EMG was accomplished 19 Jun 14. While it clearly showed evidence to support bilateral median nerve compression at the wrist (carpal tunnel syndrome) there was no evidence for either a radiculopathy or generalized peripheral neuropathy at that time. This is despite the complaints of absent reflexes in the biceps and brachioradialis as well as the reported sensory alteration in the C5 and C6 dermatomes. EMG for diagnosis of nerve root involvement if findings of history and imaging study are consistent is not recommended. Therefore the UR Non-Cert is supported.