

Case Number:	CM15-0068073		
Date Assigned:	04/15/2015	Date of Injury:	02/11/2015
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 60 year old female, who sustained an industrial injury on 02/11/2015. She has reported subsequent neck and back pain and was diagnosed with cervical and lumbar spine sprain/strain. Treatment to date has included oral, topical and injectable pain medication. In a progress note dated 03/03/2015, the injured worker complained of constant slight to intermittent moderate lumbar and cervical spine pain and spasm and stiffness and tightness of the cervical spine. Objective findings were notable for decreased range of motion of the cervical and lumbar spine with a right sided antalgic gait, spasm of the paralumbar musculature bilaterally, tenderness at the L4-L5 and L5-S1 facets, spasm of the bilateral trapezius, suboccipital and levator scapulae musculature . A request for authorization of MRI of the lumbar and cervical spine and electromyogram/nerve conduction studies of the bilateral upper and lower extremities was made. Request was also made for physical therapy, which was certified on Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for lumbar radiculopathy. Without evidence of lumbar nerve root compromise or other red flag findings, proceeding with a lumbar spine MRI is not indicated. In addition, it is noted that a course of physical therapy has been certified. Advanced imaging studies prior to attempt at conservative care is not supported at this juncture. The request for MRI lumbar spine is not medically necessary and appropriate.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to ACOEM guidelines, criteria for ordering special studies include: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine MRI is not indicated. In addition, it is noted that a course of physical therapy has been certified. Advanced imaging studies prior to attempt at conservative care is not supported at this juncture. The request for MRI cervical spine is not medically necessary and appropriate.

Electromyography (EMG)/Nerve conduction velocity (NCV) of bilateral lower extremities (BLE) and bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303.

Decision rationale: According to ACOEM guidelines, 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. According to ACOEM guideline's low back chapter, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case, the medical records do not establish evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the cervical or lumbar spine. Additionally, the injured worker has been recommended and has been certified a course of physical therapy. In the absence of focal neurologic findings on clinical exam and failure of conservative care, the request for electrodiagnostic studies is not supported. The request for Electromyography (EMG)/Nerve conduction velocity (NCV) of bilateral lower extremities (BLE) and bilateral upper extremities (BUE) is not medically necessary and appropriate.