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| Case Number: | CM15-0074311 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 10/04/2013 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old female who sustained an industrial injury on 10/04/2013. Diagnoses include contusion of the face, neck and scalp with loss of consciousness, headaches, visual discomfort, major depression, and shoulder sprain and strain. Treatment to date has included diagnostic studies, medications, Transcutaneous Electrical Nerve Stimulation Unit, chiropractic sessions, acupuncture, and a home exercise program. A physician progress note dated 03/04/2015 documents the injured worker still has headaches and neck pain with radiation of pain and numbness into both arms and hands. The note also states the pain radiates down the right arm but not the left. Imitrex does not help with her headaches. Her shoulders are painful as well with occasional tingling in the fingers. She is now taking Ibuprofen, which helps. She has previously taken Naproxen with Omeprazole, which had helped, but she developed gastro-intestinal distress. The Transcutaneous Electrical Nerve Stimulation Unit is very helpful. The treatment plan is to continue using the Transcutaneous Electrical Nerve Stimulation Unit, and home exercise program, and continuation of her medications. She does not want acupuncture as she has a treatment previously and it was painful. Treatment requested is for EMG/NCV of the upper extremities, and Magnetic Resonance Imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has already had normal EMG/NCV documented in a 9/14 note. There are no red flags on physical exam to warrant further imaging, repeat testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities. The request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and a normal prior EMG/NCV, a MRI of the cervical spine is not medically necessary.