

Case Number:	CM15-0075033		
Date Assigned:	04/24/2015	Date of Injury:	06/15/2013
Decision Date:	05/29/2015	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, Tennessee
 Certification(s)/Specialty: Emergency 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 (IW) is a 43 year old female who sustained an industrial injury on 06/15/2013. She reported neck, arms, back, and bilateral knees pain. Secondary to the work-related injury of 06/15/2013, the injured worker was diagnosed with cervical spine sprain/strain with radiculitis/radiculopathy, rule out cervical disc herniation; right wrist and hand sprain/strain, tendinitis, carpal tunnel syndrome per positive NCV (nerve conduction velocity). Secondary to continuous trauma from 06/15, 2012 to 06/15/2013, the IW was diagnosed with right hand carpal tunnel syndrome with positive report for NCV. Currently, the injured worker complains of pain in the neck with radicular symptoms in to the right and left arm aggravated with lifting, pain in the right shoulder aggravated with overhead reaching and overhead work, pain in the right wrist aggravated with repetitive forceful gripping and grasping, and pain in the right foot and ankle aggravated with prolonged walking. A request for authorization is made for a MRI of the cervical spine; Electromyogram (EMG) /NCV of the right wrist; and Tramadol 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical 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), Neck and Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: 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, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Per ODG indications for MRI of the cervical spine are: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. In this case the patient has had MRI studies of the cervical spine on September 3, 2013 and December 3, 2014. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There are no focal neurological deficits on physical examination. There is no documentation of red flags or significant change in symptoms and/or findings suggestive of significant pathology. Repeat cervical MRI is not indicated. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

EMG/NCV of the right wrist: 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 Page(s): 178.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case electrodiagnostic testing done August 6, 2013 identified chronic severe bilateral carpal tunnel syndrome. There is no documentation to support significant change in the patient's condition. Repeat EMG/NCV testing is not medically necessary. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

