

Case Number:	CM15-0076244		
Date Assigned:	04/27/2015	Date of Injury:	05/23/2014
Decision Date:	05/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, 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 65 year old male with an industrial injury dated May 23, 2014. The injured worker's diagnoses include other specified disorders of bursae and tendons in shoulder region, cervical radiculopathy and lesion of ulnar nerve. Treatment consisted of Magnetic Resonance Imaging (MRI) of cervical spine x 3, cervical nerve root decompression in December of 2014, prescribed medications, neurological consultation and periodic follow up visits. In a progress note dated 4/8/2015, the injured worker reported left hand weakness. Objective findings revealed atrophy of the left first web space and thenar muscles, absent thenar motor function, interosseous motor function, hypothenar motor function, mild weakness of wrist extension, moderate weakness of finger flexors to all fingers and mild to moderate limitation of active flexion of all fingers in the left hand with no active thumb flexion. The treating physician's impression was profound weakness of multiple intrinsic motor grips of the left upper extremity, more likely involving the C8 nerve root. The treating physician prescribed services for electromyography (EMG) / nerve conduction velocity (NCV) of the bilateral upper extremities, occupational therapy 3x4 (left hand) and Magnetic Resonance Imaging (MRI) of the cervical spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are status post laminectomy C7, T-1 with removal of an epidural lesion; cervical radiculopathy at C7, T-1 chronic; ulnar neuropathy left arm most likely related to entrapment of nerve in the cubital tunnel; peripheral neuropathy. The documentation shows the injured worker underwent the cervical nerve root decompression on December 2014. He had a postoperative magnetic resonance imaging scan due to persistent symptoms in the left hand. The documentation shows symptoms and objective signs were limited to the left operates seven. Documentation showed pain in the left shoulder and left upper extremity. There was left-hand weakness and limited range of motion. The injured worker underwent prior electrodiagnostic testing (November 2014) of the left upper extremity that shows compression neuropathy of the ulnar nerve. The documentation indicates (through a utilization review) that the injured worker was certified for EMG/NCS of the left upper extremity on March 20, 2015. There is no clinical indication to perform electrodiagnostic studies of the right upper extremity based on the documentation. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary.

Occupational therapy 3x4 (left hand): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand and Elbow procedure summary online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy three times per week times four weeks to the left-hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional candidates to lose my factors should be noted. In this case, the injured worker's working diagnoses are status post laminectomy C7, T-1 with removal of an epidural lesion; cervical radiculopathy at C7, T-1 chronic; ulnar neuropathy left arm most likely related to entrapment of nerve in the cubital tunnel; peripheral neuropathy. The documentation shows the injured worker underwent the cervical nerve root decompression on December 2014. He had a postoperative magnetic resonance imaging scan due to persistent symptoms in the left hand. The documentation shows symptoms and objective signs were limited to the left arm. Documentation showed pain in the left shoulder and left upper extremity. There was left-handed weakness and limited range of motion. Documentation, according to a March 4, 2015 progress note, shows the injured worker was on physical therapy session #16. The injured worker has a diagnosis of cervical radiculopathy at C7, T1 and ulnar neuropathy of the left arm slowing across the cubital tunnel with peripheral polyneuropathy. The guidelines recommend 9 visits over 8 weeks for pain in the joint and 14 visits over 6 weeks for ulnar nerve entrapment. The injured worker received #16 physical therapy sessions. The objective response to prior physical therapy is not clearly outlined in the medical record. The injured worker exceeded the recommended number of physical therapy sessions (14 visits over six weeks). There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation with compelling clinical facts indicating additional physical therapy is clinically indicated and the total number of physical therapy sessions ordered and rendered to date, occupational therapy three times per week times four weeks to the left-hand is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings

do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are status post laminectomy C7, T-1 with removal of an epidural lesion; cervical radiculopathy at C7, T-1 chronic; ulnar neuropathy left arm most likely related to entrapment of nerve in the cubital tunnel; peripheral neuropathy. The injured worker had a preoperative MRI before laminectomy at C7, T-1. Post laminectomy the injured worker had a recent MRI on February 25, 2015 that show new post-surgical changes including laminectomy's from approximately C6, T-1; interval resolution of severe spinal stenosis/cord compression at C7, T-1 and the interval presumed resection of the previously noted C7, T-1 hypo-intense structure causing mass effect. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Although the injured worker presents with persistent symptoms involving the left upper extremity/hand, there is no clear-cut rationale for repeating the MRI of the cervical spine. Consequently, absent compelling clinical documentation with an indication and rationale to repeat a third cervical spine MRI (second cervical spine MRI post-surgery) with no new clinical symptoms and signs, MRI cervical spine is not medically necessary.