

Case Number:	CM15-0090805		
Date Assigned:	05/15/2015	Date of Injury:	10/25/1986
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male who sustained an industrial injury on 10/25/1986. His original report of injury was not in the medical records received. The injured worker was diagnosed as having lumbosacral radiculitis, and cervical spondylosis with myelopathy. Treatment to date has included and a cervical fusion C4-C7 (1991), lumbar laminectomy, repeat lumbar laminectomy (01/07/2015), lumbar and cervical rhizotomies, and medication management. According to chart notes of 02/10/2015, the worker is situation post cervical rhizotomy done 08/10/2012 that provided 75% improvement and has now worn off. His chief complaints are neck and low back pain. He rates the pain on average as a four to seven out of ten on a pain scale and the pain is accompanied by radiculopathy to both lower extremities with right lower extremity worse than the left. The worker is taking Valium 10 mg at night for insomnia secondary to an increase in low back pain and due to recurrent neck pain. He is also taking Norco 5/325 mg twice daily as needed which causes drowsiness, and Tramadol 50 mg, which causes less drowsiness. He takes Prilosec twice daily as a gastro protectant and Celebrex daily as needed. In the chart notes of 03/31/2015, the injured worker complains of low back pain, increasing neck pain, and pain radiating into the left hand thumb and next two fingers. The treatment plan includes a MRI of the cervical spine without contrast, and Electromyography / Nerve Conduction Study of bilateral upper extremities.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

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

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neuro-physiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of cervical spine W/C is not medically necessary.

Electromyography/Nerve Conduction Study of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations Page(s): 178.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic neck pain without recent evidence of radicular pain and no recent clear justification for the need of an EMG. Therefore, the request for Electromyography/Nerve Conduction Study of bilateral upper extremities is not medically necessary.