

Case Number:	CM15-0098295		
Date Assigned:	06/12/2015	Date of Injury:	11/13/2014
Decision Date:	07/15/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 11/13/14. She reported pain in the head and neck after a heavy object fell on her. The injured worker was diagnosed as having head contusion, cervical spine strain, thoracic spine strain and bilateral shoulder girdle strain. Treatment to date has included physical therapy. As of the PR2 dated 3/11/15, the injured worker reports having daily headaches and pain in her neck that radiates to the bilateral upper extremities. Objective findings include cervical flexion 30 degrees, extension 40 degrees, left rotation 65 degrees and right rotation 70 degrees. There is moderate to severe muscle spasms in the cervical spine and tenderness to palpation in the thoracic spine. The treating physician requested a cervical MRI, a brain MRI and an EMG/NCV of the 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: Overturned

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): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: The patient complains of neck pain radiating to bilateral upper extremities with numbness and tingling and mild back pain, as per progress report dated 03/11/15. The request is for MRI of the cervical spine. The RFA for this case is dated 04/09/15, and the patient's date of injury is 11/13/14. Diagnoses, as per progress report dated 03/11/15, included contusion of head, cervical sprain/strain, thoracic sprain/strain, and bilateral shoulder girdle sprain/strain. Medications, as per progress report dated 06/05/15, after the UR date, included Naproxen, Omeprazole and Flexeril. The patient has been allowed to return to work with restrictions, as per progress report dated 03/11/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "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." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "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)." In this case, MRI of the cervical spine dated 05/30/15, after the UR denial date, revealed disc protrusions at C4-5 and C5-6. A request for the MRI is noted in progress report dated 03/11/15. While patient does suffer from neck pain, the report does not document any neurological deficits. However, as per subsequent progress report dated 05/14/15, after the UR denial date, physical examination revealed positive Spurling's maneuver, cervical compression test, and maximal foraminal compression test. Given the patient's significant upper extremity symptoms, a neurologic finding, and the fact that no prior MRI's were done, the MRI requested and obtained on 5/30/ is medically necessary.

MRI of the Brain: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, MRI.

Decision rationale: The patient complains of neck pain radiating to bilateral upper extremities with numbness and tingling and mild back pain, as per progress report dated 03/11/15. The

request is for MRI of the brain. The RFA for this case is dated 04/09/15, and the patient's date of injury is 11/13/14. Diagnoses, as per progress report dated 03/11/15, included contusion of head, cervical sprain/strain, thoracic sprain/strain, and bilateral shoulder girdle sprain/strain. Medications, as per progress report dated 06/05/15, after the UR date, included Naproxen, Omeprazole and Flexeril. The patient has been allowed to return to work with restrictions, as per progress report dated 03/11/15. ODG guidelines, Chapter: Head and Topic: MRI (magnetic resonance imaging), state that "MRI scans are useful to assess transient to permanent changes, to determine etiology of subsequent clinical problems, and to plan treatments. MRI is more sensitive than CT for detecting traumatic brain injury." Indications for MRI include: (a) To determine neurological deficits not determined by CT (b) To evaluate prolonged interval of disturbed consciousness (c) To define evidence of acute changes superimposed on previous trauma or disease. In this case, MRI of the brain dated 06/10/15, after the UR denial date, revealed scattered punctate T2/FLAIR weighted signal hyper intensities within centrum semiovale and periventricular white matter. As per progress report dated 02/12/15, the patient is status post traumatic head injury and suffers from headaches, dizziness and sleep issues. As per progress report dated 06/05/15, after the UR denial date, the patient was unable to "complete serial seven or even serial three subtractions." Given the diminishing mental abilities along with headaches, the request for MRI of the brain appears reasonable and is medically necessary.

EMG/NCV of the Bilateral Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The patient complains of neck pain radiating to bilateral upper extremities with numbness and tingling along with mild back pain, as per progress report dated 03/11/15. The request is for EMG/NCV of the bilateral upper extremities. The RFA for this case is dated 04/09/15, and the patient's date of injury is 11/13/14. Diagnoses, as per progress report dated 03/11/15, included contusion of head, cervical sprain/strain, thoracic sprain/strain, and bilateral shoulder girdle sprain/strain. Medications, as per progress report dated 06/05/15, after the UR date, included Naproxen, Omeprazole and Flexeril. The patient has been allowed to return to work with restrictions, as per progress report dated 03/11/15. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, EMG/NCV of the upper extremities on 06/13/15, after the UR denial date, revealed normal EMG along with prolonged sensory peak latency of the right median nerve during NCV. The request is noted in progress report dated 03/11/15. The treater seeks it to rule out "cervical radiculopathy." The patient suffers from neck pain and radiating upper extremity pain, numbness and tingling. EMG/NCV may help the treater diagnose the patient's condition effectively. Hence, the request was reasonable and is medically necessary.