

Case Number:	CM15-0099312		
Date Assigned:	06/01/2015	Date of Injury:	09/19/2008
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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 49-year-old, male who sustained a work related injury on 9/19/08. The diagnoses have included status post cervical fusion, cervical disc disease and cervical radiculopathy. Treatments have included cervical spine surgery, physical therapy and medications. In the Worker's Compensation Neurosurgical Consultation dated 4/23/15, the injured worker complains of left neck and left shoulder pain with radiation to the left elbow with craniocervical junction headaches with radiation of the neck to the top of the shoulders, left greater than right. He has restricted of range of motion in left shoulder. If he lifts left arm above his shoulder, he has weakness of the deltoid and radiating neck pain to the left elbow. The treatment plan includes recommendations for an MRI of the cervical spine and NCV/EMG studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Left Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Neck and upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter: Nerve conduction studies (NCS).

Decision rationale: The patient presents with left neck pain, left shoulder pain radiating to the left elbow, craniocervical junction headaches with radiation of the neck to the top of the shoulders, left more than right. NCV Left Upper Extremity. Patient is status post cervical discectomy surgery 02/16/11. Physical examination to the left upper extremity showed deltoid weakness of -4/5. Patient's diagnosis, per 04/23/15 progress report includes adjacent level disease likely related to damage to the C4-C5 disc. Patient's medications, per 04/23/15 progress report include Decadron and Neurontin. Patient's work status is modified duties. ACOEM guidelines page 262 states, appropriate electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. 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. ODG (Online, Cervical chapter: Nerve conduction studies (NCS)). ODG states, 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. Treater does not discuss this request. The reports provided were hand written and not legible. The patient does present with neck pain that radiates to the left shoulder and arm. Review of the medical records provided did not indicate a prior EMG/NCV of the upper extremity. ACOEM guidelines recommend electro diagnostic studies to help differentiate between CTS and other other conditions such as cervical radiculopathy. Given that, the patient did not have a prior EMG/NCV studies and the support from ACOEM for this study to evaluation upper extremity symptoms, the request is medically necessary.

EMG Left Upper Extremity: 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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter: Electromyography (EMG).

Decision rationale: The patient presents with left neck pain, left shoulder pain radiating to the left elbow, craniocervical junction headaches with radiation of the neck to the top of the shoulders, left more than right. The request is for EMG Left Upper Extremity. Patient is status post cervical discectomy surgery 02/16/11. Physical examination to the left upper extremity showed deltoid weakness of -4/5. Patient's diagnosis, per 04/23/15 progress report includes adjacent level disease likely related to damage to the C4-C5 disc. Patient's medications, per 04/23/15 progress report include Decadron and Neurontin. Patient's work status is modified duties. ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) state, 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist. ODG (Online, Cervical chapter: Electromyography (EMG)). ODG states, Recommended as an option in selected cases. Treater does not discuss this request. The reports provided were hand written and not legible. The patient does present with neck pain that radiates to the left shoulder and arm. Review of the medical records provided did not indicate a prior EMG/NCV of the upper extremity. ACOEM guidelines recommend electro diagnostic studies to help differentiate between CTS and other other conditions such as cervical radiculopathy. Given that, the patient did not have a prior EMG/NCV studies and the support from ACOEM for this study to evaluation upper extremity symptoms, the request is medically necessary.

MRI 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 (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with left neck pain, left shoulder pain radiating to the left elbow, craniocervical junction headaches with radiation of the neck to the top of the shoulders, left more than right. The request is for MRI of the Cervical Spine. Patient is status post cervical discectomy surgery 02/16/11. Physical examination to the left upper extremity showed deltoid weakness of -4/5. Patient's diagnosis, per 04/23/15 progress report includes adjacent level disease likely related to damage to the C4-C5 disc. Patient's medications, per 04/23/15 progress report include Decadron and Neurontin. Patient's work status is modified duties. 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. Treater does not discuss this request. The reports provided were hand written and not legible. Patient is status post cervical discectomy surgery 02/16/11 and patient has neck pain with radicular symptoms to the left shoulder and the left arm. Physical examination to the left upper extremity showed deltoid weakness of -4/5. ODG guidelines support MRI of the Cervical spine for neurologic signs or symptoms. Given the patient's significant radicular symptoms, an MRI of the cervical spine appears reasonable and consistent with the guidelines. Therefore, the request is medically necessary.