

<b>Case Number:</b>	CM13-0010505		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/22/2008
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Alaska and Texas. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old male who reported an injury on 10/22/2008. The patient is currently diagnosed with cervical discopathy with radiculitis, right shoulder impingement syndrome, bilateral carpal tunnel syndrome with probable double crush syndrome. The patient was recently seen on 07/17/2013. The patient reported persistent neck pain with radiation to the bilateral upper extremities. The patient also reported elbow and wrist pain with nighttime paresthesia. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, positive axial loading compression testing, and positive Spurling's maneuver, painful and restricted range of motion, dysesthesia in the C6 and C7 dermatomes, post impingement and Hawkins sign of the bilateral shoulders, tenderness and the shoulder subacromial space, painful range of motion, positive Tinel's at the bilateral elbows, positive Tinel's and Phalen's at the bilateral wrists, and dysesthesia at the digits. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back. Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI).Complaints. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause including MRI for neural or other soft tissue abnormality. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurologic deficit, uncomplicated low back pain with exceptional factors, and myelopathy. The patient's request for an MRI of the lumbar spine was submitted on 06/05/2013. Physical examination of the lumbar spine on that date indicated tenderness to palpation with guarded and restricted range of motion as well as dysesthesia in L4, L5, and S1 dermatomes. As per the clinical notes submitted, there was no evidence of thoracic and lumbar spine trauma. There was also no evidence of radiculopathy with at least 1 month of conservative treatment. Based on the clinical information received, the patient does not currently meet criteria for an MRI of the lumbar spine. As such, the request is non-certified.

**EMG lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Low Back Chapter, Electromyography.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography including H-reflex test may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the clinical notes submitted, there is no indication that this patient has failed to respond to previous conservative treatment prior to the request for any electro-diagnostic study. Additionally, the lumbar spine is not among the accepted body parts in this patient's case. Based on the clinical information received, the request is non-certified.