

<b>Case Number:</b>	CM13-0010698		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	07/18/2013
<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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio 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 59-year-old male who reported an injury on 08/23/2012 to his neck, shoulder, lower back, and feet due to cumulative trauma while performing normal job duties. The patient was initially treated conservatively with medications, acupuncture, activity modification, and physical therapy. It was noted within the documentation the patient underwent an MRI in 01/2013 for the neck, shoulders, and lower back that revealed the patient had widespread arthritis. The patient continued to have pain complaints in the bilateral shoulders, neck, lower back, and feet. Physical findings of the lumbar spine included muscle spasms and tenderness to palpation of the lumbar paraspinal musculature with range of motion limited secondary to pain and a positive straight leg raise test to the right. It was noted the patient had no neurological deficits and the patient's sensory exam was within normal limits. The patient's diagnoses included lumbar spine strain with possible lumbar radiculopathy, bilateral shoulder impingement syndrome with possible rotator cuff tear, cervicothoracic spine strain with possible cervical radiculopathy, and bilateral plantar fasciitis. The patient's treatment plan included MRI of the thoracic spine and lumbar spine and an EMG/NCV study for the upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for MRI of the thoracic spine and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the thoracic spine and lumbar spine are not medically necessary or appropriate. The patient does have pain complaints of the cervical spine and lumbar spine with associated complaints of radiating pain into the legs and upper extremities. American College of Occupational and Environmental Medicine recommend imaging studies when there is unequivocal findings of neurological deficits or to support surgical planning. The clinical documentation submitted for review does not provide any objective findings to support the patient's subjective complaints of neurological deficits. Additionally, there is no documentation the patient is participating in an active therapy program such as a home exercise program. There was no clinical evaluation provided for review of the thoracic spine to warrant an imaging study. As there are no physical findings to clearly indicate neurological deficits and no evidence of surgical planning, the requested MRI of the thoracic spine and lumbar spine is not medically necessary or appropriate.

**electromyogram (EMG) of the bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-305 and 177-179.

**Decision rationale:** The requested EMG of the bilateral upper extremities and bilateral lower extremities is not medically necessary or appropriate. The clinical documentation does indicate the patient has pain complaints of the neck and lower back radiating into the upper extremities and lower extremities. However, the clinical documentation submitted for review does not provide any evidence of significant neurological deficits that would require clarification with electrodiagnostic study. There has not been a significant change in the patient's presentation with the submitted documentation to support progressive neurological deficits. As such, the requested EMG of the bilateral upper extremities and bilateral lower extremities would not be medically necessary or appropriate.

**Nerve Velocity Conduction (NVC) of the bilateral upper and lower 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Chapter Nerve conduction studies (NCS)..

**Decision rationale:** The requested NVC of the bilateral upper extremities and bilateral lower extremities is not medically necessary or appropriate. American College of Occupational and

Environmental Medicine recommends NCV studies when the patient has evidence of neurological deficits that are not clearly radicular in nature. The clinical documentation submitted for review does not provide any evidence that the patient has progressive upper extremity neurological deficits that have been non-responsive to conservative therapy. The clinical documentation submitted for review does not provide evidence of the patient participating in an active therapy program. Additionally, the clinical findings do not support neurological deficits of the bilateral upper extremities. California Medical Treatment Utilization Schedule does not address NCVs for the bilateral lower extremities. Official Disability Guidelines do not recommend NCVs for bilateral lower extremities unless there is evidence of neurological deficits that are not clearly radicular in nature. The clinical documentation submitted for review does not clearly identify neurological deficits that require clarification of electrodiagnostic studies. There is no evidence of progressive neurological deficits provided. Therefore, the requested NCV for the bilateral lower extremities is not medically necessary or appropriate. As such, the requested NCV for the bilateral upper extremities and bilateral lower extremities is not medically necessary or appropriate.