

<b>Case Number:</b>	CM13-0017866		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 45-year-old male who reported an injury on 03/09/2012. His symptoms include neck pain radiating into the bilateral upper extremities, numbness and tingling in his hands bilaterally, and vague burning hot sensation in his neck region bilaterally, and both arms. Objective findings include tenderness to palpation of the cervical paraspinal muscles bilaterally, as well as the trapezius, and decreased sensation in the C8 dermatome bilaterally. The patient's diagnoses include cervical disc displacement without myelopathy, neck pain, pain in shoulder joint, and status post left shoulder arthroscopy on 06/18/2012. It was noted that the patient's most recent cervical MRI showed moderate-sized, broad-based left-sided disc extrusion at C6-7, causing mild left-sided canal stenosis, the extrusion and uncovertebral joint hypertrophy causing mild to moderate left neural foraminal stenosis; small to moderate-sized, mildly lobulated disc protrusion at C5-6, causing mild central canal stenosis, along with uncinat hypertrophy, and this causes mild right neural foraminal stenosis; small, mildly lobulated disc protrusion at C3-4, not causing neurologic compromise; small focal midline disc protrusion at C4-5, not causing neurological compromise; and a very small focal midline disc protrusion at C7-T1. The patient was also noted to have had electromyography on 09/07/2012, which revealed right ulnar neuropathy at the elbow, affecting both motor and sensory fibers with sensory axon loss; mild left carpal tunnel syndrome affecting the motor fibers; mild right carpal tunnel syndrome affecting the sensory fibers; diabetic peripheral neuropathy; and decreased recruitment in multiple muscles groups in the upper extremities bilaterally. The physician noted that an MRI and Electromyography were recommended as the patient had developed new symptoms to include a warm feeling in his neck and bilateral arms, and new objective finding of decreased sensation on the C8 dermatome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, neck and Upper Back

**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), Neck & Upper Back, MRI & Electromyography.

**Decision rationale:** The Physician Reviewer's decision rationale: According to ACOEM Guidelines, for patients with neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. It further states that physiological evidence may be in the form of definitely neurological findings on the physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Electromyography is noted to possibly help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The patient has been shown to have objective findings of neurologic dysfunction, as well as new symptoms to include a warm sensation in the neck and bilateral upper extremities. However, the patient was known to have had previous cervical MRI and electromyography, which was significant for neurologic findings. ODG specifies that repeat MRIs are not routinely recommended and are to be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Additionally, ODG states that electrodiagnostic studies are not necessary to demonstrate cervical radiculopathy, but they have been suggested to confirm a brachial plexus abnormality or some other problem other than cervical radiculopathy. It also specifies that EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. It also states that EMGs may result in unnecessary over-treatment. As the patient's current objective and subjective findings can be caused by pathology already shown on previous MRI and EMG, repeat studies are not supported. Therefore, the requested service is non-certified.

### **EMG bilateral upper extremities (BUE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation (ODG), Neck & Upper Back, MRI & Electromyography.

**Decision rationale:** According to ACOEM Guidelines, for patients with neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. It further states that physiological evidence may be in the form of definitely neurological findings on the physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Electromyography is noted to possibly help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The patient has been shown to have objective findings of neurologic dysfunction, as well as new symptoms to include a warm sensation in the neck and bilateral upper extremities. However, the patient was known to have had previous cervical MRI and electromyography, which was significant for neurologic findings. ODG specifies that repeat MRIs are not routinely recommended and are to be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Additionally, ODG states that electrodiagnostic studies are not necessary to demonstrate cervical radiculopathy, but they have been suggested to confirm a brachial plexus abnormality or some other problem other than cervical radiculopathy. It also specifies that EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. It also states that EMGs may result in unnecessary over-treatment. As the patient's current objective and subjective findings can be caused by pathology already shown on previous MRI and EMG, repeat studies are not supported. Therefore, the requested service is non-certified.