

<b>Case Number:</b>	CM13-0019448		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in 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.

### 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 54-year-old female who reported a work-related injury on 04/12/2013; specific mechanism of injury was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The current request is not supported. There was no clinical documentation submitted for review evidencing thorough physical exam of the patient documenting any motor, neurological, or sensory deficits to support the requested imaging. There were no clinical notes documenting the patient's course of treatment, when the patient last underwent imaging, or the patient's subjective complaints or objective findings upon physical exam. California MTUS/ACOEM indicates when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for MRI without contrast for the cervical spine is not medically necessary or appropriate.

**MRI without contrast for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRIs

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

**Decision rationale:** The current request is not supported. There was no clinical documentation submitted for review evidencing thorough physical exam of the patient documenting any motor, neurological, or sensory deficits to support the requested imaging. There were no clinical notes documenting the patient's course of treatment, when the patient last underwent imaging, or the patient's subjective complaints or objective findings upon physical exam. California MTUS/ACOEM indicates when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for MRI without contrast for the lumbar spine is not medically necessary or appropriate.

**EMG/NCV lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The current request is not supported. There was no clinical documentation submitted for review evidencing thorough physical exam of the patient documenting any motor, neurological, or sensory deficits to support the requested diagnostic study. There were no clinical notes documenting the patient's course of treatment, when the patient last underwent diagnostic studies, or the patient's subjective complaints or objective findings upon physical exam. California MTUS/ACOEM indicates when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for EMG/NCV lower extremity is not medically necessary or appropriate.

**EMG/NCV upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The current request is not supported. There was no clinical documentation submitted for review evidencing thorough physical exam of the patient documenting any motor, neurological, or sensory deficits to support the requested diagnostic study. There were no clinical notes documenting the patient's course of treatment, when the patient last underwent diagnostic studies, or the patient's subjective complaints or objective findings upon physical exam. California MTUS/ACOEM indicates when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for EMG/NCV lower extremity is not medically necessary or appropriate.