

<b>Case Number:</b>	CM13-0033707		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 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/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 43-year-old male who reported an injury on 07/24/2012. The mechanism of injury was noted to be continuous trauma. The documentation of 04/18/2013 revealed that the patient was complaining of intermittent pain in the neck, at times becoming aching. The patient was complaining of limited range of motion and pain that traveled to the bilateral shoulders. The patient had been treated with physical therapy, acupuncture, and pain medications. The patient had spasm and tenderness over the trapezium and paravertebral musculature. The patient had 5/5 strength and the patient had decreased dermatomes at the level of C6 bilaterally. The request at that time was for acupuncture and chiropractic care, MRI of the cervical spine, without contrast to evaluate for internal derangement, and electrodiagnostic studies of the upper extremities and lower extremities to evaluate whether paresthesia was nerve entrapment versus radiculopathy versus peripheral neuropathy. The agreed medical exam (AME) dated 06/03/201, indicated that further treatment would be pain medications and a course of physical therapy, and it was noted that there was no indication for surgery of the cervical spine. Additionally, it was indicated it would be helpful to have a job analysis to comment on continuous trauma. The appeal of 10/11/2013 revealed that the patient was complaining of increased pain to the cervical spine, with radiculopathy in the upper extremities, mainly on the right side with numbness, tingling, and weakness. There was decreased dermatomal sensation over the right C6 dermatome along with spasm, tenderness, and guarding of the paravertebral muscles of the cervical spine and decreased range of motion. It was further stated the patient had limitations in activities of daily living, along with reduction in functional capacity as result of pain in the cervical spine, with radiculopathy in the upper extremities. The physician's request was based on the fact the patient's pain was increasing in severity. The request was also for an updated cervical MRI, which was requested along with neurodiagnostic studies of the bilateral upper extremities, to

evaluate the condition, and pain that was worsening, as well as symptoms that were persisting on a daily basis. The request again was made for an updated MRI and electrodiagnostic studies, as well as a Functional Capacity Evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI FOR CERVICAL SPINE.: Upheld**

**Claims Administrator 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK CHAPTER, MRI

**Decision rationale:** The Official Disability Guidelines do not recommend a repeat MRI unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated that the patient had findings at the level of C6. However, there is lack of documentation of a physical examination prior to the date of request 05/15/2013, for a comparison to indicate that these were a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the request for MRI of the cervical spine is not medically necessary.

#### **ELECTRO-DIAGNOSTIC STUDIES OF UPPER EXTREMITIES.: Upheld**

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

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that 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 (3) or four (4) weeks. The clinical documentation submitted for review indicated that the patient had findings at the level of C6 on the right. The patient was diagnosed with cervical radiculopathy. There was a lack of documentation indicating a necessity for bilateral studies. The original request was for an EMG/NCV. There was a lack of is lack of documentation indicating the patient had signs or symptoms of neuropathy. Given the above, the request for electrodiagnostic studies of the upper extremities is not medically necessary.

#### **FUNCTIONAL CAPACITY EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, FITNESS FOR DUTY.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that there is a functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate that the patient had a prior unsuccessful attempt to return to work. Given the above, the request for a Functional Capacity Evaluation is not medically necessary.