

<b>Case Number:</b>	CM13-0050826		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old male with date of injury on 11/20/2009. The progress report dated 10/01/2013 by [REDACTED] indicates that the patient's diagnoses include: Cervical radiculopathy, lumbar radiculopathy, and major depression. The patient presents with neck pain which was reported as worsened. His low back pain has worsened as well. His psychological status is deteriorating. Physical exam findings included tenderness to the paravertebral muscles in the cervical spine with associated spasm. Spurling's test is positive on the left. Motor strength and sensation are grossly intact. The lumbar spine exam showed paravertebral muscle tenderness and spasm, range of motion is restricted, straight leg raising test is positive bilaterally, EHL and ankle dorsiflexors are 4/5 bilaterally. The treating physician requested repeat MRI of the cervical and lumbar spine as well as EMG/nerve conduction studies of the upper and lower extremities to rule out radiculopathy versus entrapment neuropathy. It was noted the patient's last MRIs were in 2010. The treating physician opined that the patient's condition appears to have developed new and further disabilities since the time he last worked. The utilization letter dated 10/18/2013 issued a non-certification of these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A repeat MRI of the cervical spine:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

**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:** ACOEM does not specifically discuss repeat MRIs and arguably limited to acute/subacute situations. Therefore, ODG Guidelines were reviewed which state that repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, recurrent disk herniation. The treating physician indicates that the patient's symptoms have worsened. However, the patient's physical exam findings did not appear to be significantly changed from the exam findings dated on the treater's 01/10/2012 progress report, which also showed tenderness to palpation with muscle spasm, restricted range of motion, and motor strength sensation are grossly intact. The treating physician also does not document any recent conservative therapy to address the patient's worsening symptoms. There is no documentation that the patient was considering any invasive procedure or trying to avoid surgery. The repeat MRI does not appear to be reasonable according the treating physician's documentation of exam findings of radiculopathy compared to the previous exam findings. Therefore, recommendation is for denial.

**A repeat MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back Chapter.

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

**Decision rationale:** The patient presents with worsening of low back pain. Exam findings included tenderness to palpation and muscle spasm with restricted range of motion and positive straight leg raising test bilaterally. The patient had EHL and ankle dorsiflexors are 4/5 bilaterally. Physical exam findings appeared to be mostly unchanged from the 01/10/2012 lumbar exam which included tenderness to palpation of the lumbar spine with spasm, restricted range of motion, positive straight leg raising test bilaterally and sensation is reduced in dermatomal distribution. ACOEM, page 303, states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who did not respond to treatment and who would not consider surgery an option. The records indicate that the patient does not appear to have undergone recent conservative therapy and there was no discussion that the patient was considering surgery an option. ODG Guidelines states that repeat MRIs are indicated only if there has been progression

of neurologic deficit. The comparison of physical exams from 01/10/2012 to 10/01/2013 did not appear to have a significant progression. Therefore, recommendation is for denial.

**Electromyography (EMG) and nerve conduction velocity (NCV) testing for the upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, EMG

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

**Decision rationale:** The patient presents with neck pain which was reported as worsening. The treating physician documented that there was no sensory or motor deficit in the patient's upper extremities. The Utilization Review letter dated 10/18/2013 appears to indicate that the patient had previously undergone electrodiagnostic studies as well as prior MRI studies of the cervical spine. ACOEM Guidelines, page 178, state that EMG and NCV including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more 3 or 4 weeks. The records appear to indicate that the patient has previously undergone electrodiagnostic testing as well as previous MRI of the cervical spine. The treating physician indicates that the patient reported worsening of the neck pain symptoms. However, exam findings from 10/01/2013 do not appear to be significantly different from the 01/10/2012 exam findings. There is no discussion of recent conservative therapy to address the patient's worsening symptoms. The repeat upper extremity electrodiagnostic testing does not appear to be reasonable at this time. Therefore, recommendation is for denial.

**EMG/NCV testing for the lower extremities:** Upheld

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

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

**Decision rationale:** The patient presents with worsening symptoms of the low back pain. Exam findings from 10/01/2013 compared to 01/10/2012 do not appear to be significantly changed. The records appear to indicate that the patient has previously undergone electrodiagnostic testing, and the patient has an established diagnosis of radiculopathy. The treating physician did not mention any current or recent conservative therapy to address the patient's worsening symptoms. ACOEM Guidelines state that EMG 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. ODG Guidelines further states that EMGs are not necessary if radiculopathy is already clinically obvious. The patient has had previous diagnostic imaging including electrodiagnostic

testing as well as lumbar MRIs. The patient's exam findings do not appear to be significantly changed from prior examination more than a year ago. Therefore, recommendation is for denial.