Case Number:	CM13-0063501		
Date Assigned:	12/30/2013	**Date of Injury:**	03/09/2012
Decision Date:	04/14/2014	**UR Denial Date:**	11/14/2013
Priority:	Standard	**Application Received:**	12/09/2013

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 Family Practice, 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 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 58-year-old who reported an injury on 03/09/2012. The mechanism of injury was noted to be repetitive use. The documentation of 10/31/2013 indicated that the patient had constant neck pain and stiffness with radiation to the shoulder blades and bilateral shoulders. The physical examination of the cervical spine revealed the patient's posture was guarded. The patient was noted to carry her head approximately 10 to 15 degrees anterior of the normal centerline of gravity. The patient's range of motion was noted to be minimally decreased. The patient was noted to have pain with flexion and extension. The Spurling's sign and axial compression test were negative. The patient's reflexes were +2/4 at the biceps, triceps, and brachioradialis tendons bilaterally. The radiographs of the cervical spine revealed spondylitic changes at C5-6 and a loss of lordosis and neural foraminal narrowing at C5-6 left greater than right. The diagnoses were noted to include cervical spine sprain/strain, spondylitic changes at C5-6, neural foraminal narrowing at C5-6 left greater than right, per x-rays, and rule out herniated nucleus pulposus. The treatment recommendations included a cervical spine MRI, EMGs of the bilateral extremities to rule out radiculopathy, and physical therapy two to three times per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: 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 Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic function by physical examination, including unequivocal findings that identify specific nerve compromise on the neurologic examination, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to indicate the patient had physiologic evidence and unequivocal findings that identified specific nerve compromise. The request for an MRI of the cervical spine is not medically necessary or appropriate.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMETIES: 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 Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states 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 or four weeks. The clinical documentation submitted for review failed to indicate the patient had objective specific myotomal and dermatomal findings to support the necessity for an EMG. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

A NERVE CONDUCTION VELOCITY (NCV) EXAM OF THE BILATERAL 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 Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states 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 or four weeks. The clinical

documentation submitted for review failed to indicate the patient had neuropathic pain to support the necessity for a nerve conduction velocity study. The request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.

PHYSICAL THERAPY FOR THE NECK, RIGHT SHOULDER, AND RIGHT ELBOW, TWO TO THREE TIMES PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that physical medicine treatment is recommended for short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling. The recommendation is for nine to 10 visits for myalgia and eight to ten visits for neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the patient received conservative treatment for her right shoulder followed by arthroscopic surgery, which did not provide much relief. There was a lack of documentation indicating how many post-operative sessions of physical therapy the patient participated in and the functional benefits that were gained. The patient continued to experience constant right shoulder pain and had difficulty with overhead motion, pushing, and pulling and had neck pain that radiated to bilateral shoulders and shoulder blades followed by right elbow and right thumb pain. However, there was a lack of documentation of objective functional deficits to support therapy. The patient should be well versed in a home exercise program as the date of injury was in 2012. The request for physical therapy for the neck, right shoulder, and right elbow, twice per week for six weeks, is not medically necessary or appropriate.