

<b>Case Number:</b>	CM13-0065790		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/07/2006
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 42-year-old female who reported an injury on 12/07/2006. The patient had reportedly been injured when a box fell on the back of her head and neck. The documentation dated 10/03/2013 states the patient had extensive workup done but she continues to report moderate neck pain with numbness and tingling in her arm. On the examination, the patient was noted to have positive Spurling's sign, decreased sensation in the right arm in multiple dermatomal distributions, with decreased strength in the right arm. The patient was seen again on 10/07/2013, whereupon she stated that her Metaxalone and Neurontin have helped somewhat with her pain and makes her more functional. The patient was also seen on 12/12/2013 for a follow-up of her neck and upper back pain. On the review of record from Genex 11/15/2013, it states that the patient had already had an MRI of the cervical spine and there had been no acute changes or injuries that would support another cervical MRI. The MRI was reportedly performed on 03/24/2007 with normal findings. The patient was most recently seen on 12/19/2013 whereupon the physical examination noted the patient has limited forward flexion of the spine limited to 20 degrees with discomfort, with sensory impairment in the C6 through C7 distribution. The patient had positive Erb's sign and positive Tinel's sign of the wrist with vibratory sensation and her deep tendon reflexes are decreased at 1+ at the biceps, triceps, and brachioradialis. There was no clonus, the patient was able to sit, stand, and walk with grip strength of -5/5 on Jamar dynamometer testing in both the hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week, for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Regarding the request for physical therapy 2 times a week for 6 weeks, according to the California MTUS Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients are recommended 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. In the case of this patient, the documentation indicates the patient's injury occurred over 7 years ago and the patient had undergone previous physical therapy; however, there was a lack of documentation providing the objective findings from the previous methods of treatment. Furthermore, although the patient has been noted to have neck pain, the patient has also been having complaints of low back pain and lower extremity pain as well. The physician has failed to indicate which body part would be treated with the physical therapy. Lastly, the 12 sessions of physical therapy exceed maximum allowance per California MTUS Guidelines for physical therapy. Therefore, at this time, the requested service does not meet guideline criteria for physical therapy 2 times a week for 6 weeks. As such, the requested service is non-certified.

**Electromyography (EMG) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Regarding the EMG of the bilateral upper extremities, according to California MTUS/ACOEM Guidelines, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Furthermore, the request is for bilateral upper extremity EMG; and on the documentation, there is no reference to the patient having bilateral upper extremity issues. On the most current documentation dated 12/19/2013, there was a continuous reference to the patient's arm and also to the patient's wrist; however, previous documentation has given reference that the patient was having only unilateral complaints of pain in the right arm. However, there was no mention of the patient having any specific signs of radiculopathy or pain in the left upper extremity. Therefore, the requested service is not deemed medically necessary and is non-certified.

**Nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations, page(s) 177-179.

**Decision rationale:** According to California MTUS at ACOEM, it states that electromyography and nerve conduction velocities, including H-reflex tests may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. In the case of this patient, the documentation does not specify that the patient is having bilateral upper extremity issues. The patient had reference to an arm and a wrist without specifying which hemisphere this is regarding, as having pain and radicular findings. However, the documentation dated 10/07/2013 states that the patient had undergone a previous EMG/NCV on 01/10/2007 showing mild right carpal tunnel syndrome with no evidence of ulnar neuropathy or cervical radiculopathy. Without having evidence that the patient is having any type of neurological issues with the left upper extremity and with the previous EMG/NCV having noted right carpal tunnel syndrome, the medical necessity for bilateral NCV cannot be established at this time. As such, the requested service is non-certified.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 309.

**Decision rationale:** Regarding the MRI of the cervical spine, according to California MTUS/ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. In the case of this patient, she was noted to have undergone a previous MRI of the cervical spine, and without evidence of an adequate course of conservative treatments, and with the patient relatively unchanged from the previous examinations and MRI, the requested service is not considered medically necessary at this time. At this time, the requested service is non-certified.