

<b>Case Number:</b>	CM14-0014767		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Occupational Medicine 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 37-year-old female who has filed a claim for chronic posttraumatic headache associated with an industrial injury date of August 19, 2009. Review of progress notes indicates presence of migraine headaches, slightly relieved with use of Clonazepam. Patient complains of anxiety. Findings include tenderness over the right nuchal margin, and painful and limited cervical range of motion. Treatment to date has included Clonazepam, anti-depressants, anti-epileptic drugs, and Propranolol. Utilization review from January 29, 2014 denied the requests for EMG/NCS of the right arm; cervical MRI; and brain MRI, as the given information does not reflect the current clinical situation of the patient. Treatment to date has included clonazepam, anti-depressants, anti-epileptic drugs, and propranolol. Utilization review from January 29, 2014 denied the requests for EMG/NCS of the right arm; cervical MRI; and brain MRI, as the given information does not reflect the current clinical situation of the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (ELECTROMYOGRAPHY) OF THE RIGHT ARM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

**Decision rationale:** The MTUS/ACOEM Guidelines, criteria for EMG/NCV of the upper extremity includes documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The Official Disability Guidelines (ODG), states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the recent progress notes do not document findings consistent with radiculopathy or nerve entrapment that would support this request. Therefore, the request for EMG of the right arm was not medically necessary.

**NCS (NERVE CONDUCTION STUDY) OF THE RIGHT ARM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when symptoms are presumed to be due to radiculopathy. In this case, the recent progress notes do not document findings consistent with radiculopathy or nerve entrapment that would support this request. Therefore, the request for NCS of the right arm was not medically necessary.

**CERVICAL MRI (MAGNETIC RESONANCE IMAGING):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The MTUS/ACOEM Guidelines Neck and Upper Back Complaints Guidelines, state that imaging studies are recommended with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Indications for MRI according to the Official Disability Guidelines (ODG) include chronic neck pain with normal radiographs and presence of neurologic signs/symptoms; neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain with radiographs showing spondylosis or old trauma and presence of neurologic signs/symptoms; chronic neck pain with radiographs showing bone or disc margin destruction; suspected cervical spine trauma with normal radiographs and clinical findings suggestive of ligamentous injury; known cervical trauma with equivocal or positive plain films and neurologic deficit; and upper back/thoracic trauma with neurologic deficit. In this case, recent progress notes do not document findings consistent with presence of neurological deficits referable to the cervical spine. Therefore, the request for cervical MRI is not medically necessary and appropriate.

**BRAIN MRI (MAGNETIC RESONANCE IMAGING):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, MRI (magnetic resonance imaging).

**Decision rationale:** According to the Official Disability Guidelines (ODG), brain MRIs are recommended to determine neurological deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous trauma or disease. In this case, the patient does not present with symptoms or findings, or of any acute changes in condition, that are due to an intracranial lesion. There is no mention of the above conditions to warrant a brain MRI. Therefore, the request for brain MRI is not medically necessary and appropriate.