

<b>Case Number:</b>	CM14-0016014		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 30 year old male who reported an injury on 01/23/2013. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 01/24/2014, the injured worker complained of persistent pain in the neck and back with stiffness. Upon physical examination of the cervical spine, the provider noted tenderness to the cervical dorsal paravertebral muscles and upper trapezial muscle spasm. There was pain with terminal motion. Upon physical examination of the lumbar spine, the provider noted the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive, and there was dyesthesia at the right L5 and S1 dermatomes. The injured worker is diagnosed with cervical dorsal myalgia with radiculitis, post-traumatic cephalgia, and lumbar discopathy. The provider recommended the injured to have a lumbar epidural steroid injection. The provider requested a magnetic resonance images of the cervical spine, magnetic resonance images of the thoracic spine, and electromyography of the bilateral upper extremities. However, the rationale for the request was not provided for review. The Request for Authorization was not submitted in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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

**Decision rationale:** The injured worker complained of persistent pain in the neck and back with stiffness. The ACOEM Guidelines note for most patients presenting with true neck or upper back problems special studies are not needed unless a three-or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The Guidelines recommend MRI in the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. There was a lack of documentation indicating the injured worker to have tried and failed on conservative therapy. There was lack of objective findings indicating the injured worker to have neurological dysfunction. Therefore, the request is not medically necessary and appropriate.

**MRI THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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

**Decision rationale:** The ACOEM Guidelines recommend an MRI or CT to validate of diagnosis of nerve root compromise based on a clear history of physical examination findings, in preparation for invasive procedures. The Guidelines do recommend imaging before 4 to 6 weeks in the absence of red flag findings. There is a lack of objective and clinical findings to validate evidence of nerve root compromise. There was a lack of documentation on the physical examination indicating the injured worker to have any thoracic findings to medically support the request for a magnetic resonance imaging of the thoracic spine. Therefore, the request is not medically necessary and appropriate.

**EMG 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): 181-183.

**Decision rationale:** The ACOEM Guidelines recommend an EMG to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. The Guidelines do not recommend an electromyography for diagnosis of nerve root involvement if findings and history of physical examination and imaging study are consistent. There is a lack of objective findings indicating the injured worker to have tingling or numbness in the upper

extremity or objective neurological deficits. Additionally, the provider's rationale for the request is unclear. Therefore, the request for an electromyography of the bilateral upper extremities is not medically necessary and appropriate.