

<b>Case Number:</b>	CM14-0017920		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 51 year old female who was injured on 09/17/2011. She sustained a neck injury related to work and prior treatment history has included Vicodin 5-300 mg. Diagnostic studies reviewed include MRI of the cervical spine with 3D reconstruction dated 07/05/2013 reveals no change in appearance of the cervical vertebrae without edema noted. There is slight progression of disc osteophyte complex at C6-C7 with re-demonstration of neural foraminal stenosis, left greater than right; and re-demonstration of C5-C6 neural foraminal stenosis, right greater than left. The progress note dated 12/12/2013 states the patient presents for follow-up of her neck injury. She has pain in the left neck and shoulder area. She is tender at the bilateral paracervical muscles out over trapezius and has decreased range of motion. There is paraspinal muscle tenderness bilaterally and cervical spine range of motion is normal and is without tenderness. The neurosurgical follow-up note dated 11/05/2013 documents the patient has intractable, left more than right, radiculopathy with C5-6, C6-7 foraminal stenosis with pain, numbness and subtle weakness; and left ulnar compression which is now resolved after surgery. The neurosurgical follow-up note dated 02/15/2014 states the patient complains of tingling and burning in both arms and both shoulder, headache, some modest burning into the low back and legs intermittently, all since the date of injury. The patient has been treated with six visits of physical therapy for the neck as well as massage therapy. On examination, the cervical region has no acute cervical paraspinal muscle spasm but mild decreased range of motion both to the right and left lateral turning, and to flexion and extension but not marked. There are no carotid bruits, no Horner's syndrome or any hypoesthesia in the spinal tract of trigeminal nerve about the face. The patient has no marked weakness of grip, biceps or triceps strength. No fasciculations or atrophy about the upper extremity. She denied any change in bowel or bladder habits. She has more pain with attempted range of motion than anything else. There is no L-hermitte

phenomenon or any urinary incontinence. Deep tendon reflexes are 1+ and symmetric at the biceps, triceps, brachioradialis, knees and ankles. The toes are downgoing. There is no ankle clonus. There are no fasciculations or atrophy about the lower extremities. Gait and station are within normal limits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **COMPREHENSIVE MUSCULAR ACTIVITY PROFILE OF CERVICAL AREA:**

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 FOREARM, WRIST AND HAND CHAPTER-COMPUTERIZED MUSCLE TESTING.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

**Decision rationale:** The California MTUS and Official Disability Guidelines (ODG), Neck chapter do not specifically address the comprehensive muscular activity profile of cervical spine. However, according to the forearm/wrist/hand chapter, computerized muscle testing is not recommended. In this case, this patient's most recent exam of the cervical spine indicates no acute muscle spasms or weakness in upper extremities other than mildly decreased cervical ROM. Thus, the medical necessity has not been established.