

<b>Case Number:</b>	CM14-0129686		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 sustained a twisting type of neck injury on March 14, 2013. He developed severe neck pain radiating to the left upper extremity causing neurologic symptomatology. He underwent neck surgery on November 19, 2013. Postoperatively, he's had fluctuating pain characterized by near constant headaches and radiating pain to the left upper extremity associated with weakness to the left upper extremity, limiting a portion of his activities of daily living. He has been seen alternatively by his treating neurosurgeon, physical therapy, a chiropractor, and had a one-time orthopedic evaluation. Neurologically, the most complete exam appears to have been accomplished by orthopedics which documented a normal left and right upper extremity exam. There seems to be some difference of opinion, however. A note from a chiropractor suggests diminish sensation over the left C5-C7 dermatomes, that exam dated May 12, 2014. The more normal neurologic exam coming from orthopedics is dated July 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of cervical spine:** 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): 177-178.

**Decision rationale:** For patients presenting with true neck issues, special studies are not needed unless there is a three or four week period of conservative care and observation which fails to improve the symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies generally include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical exam, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this instance, there seems to be inconsistency with regard to the injured worker and his neurologic exam depending on when it was done and which provider did it. Pending clarification of potential neurologic deficit, CT imaging of the cervical spine is medically unnecessary.

**EMG of left upper extremity:** Overturned

**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): 177-178.

**Decision rationale:** For patients with persistent neck pain and complaints of a neurologic nature electromyogram and nerve conduction velocity testing may help to identify subtle focal neurologic dysfunction in patients with neck or arms symptoms, or both, lasting more than three or four weeks. Because the injured worker has had a variety of opinions regarding the true nature of his neurologic deficits, if any, EMG testing of the left upper extremity is medically necessary.

**NCS of left upper extremity:** Overturned

**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): 177-178, Chronic Pain Treatment Guidelines.

**Decision rationale:** For patients with persistent neck pain and complaints of a neurologic nature electromyogram and nerve conduction velocity testing may help to identify subtle focal neurologic dysfunction in patients with neck or arms symptoms, or both, lasting more than three or four weeks. Because the injured worker has had a variety of opinions regarding the true nature of his neurologic deficits, if any, NCV testing of the left upper extremity is medically necessary.