

<b>Case Number:</b>	CM14-0142615		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Internal Medicine and Emergency Medicine 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 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:

This patient is a 45-year-old with a date of injury of 03/21/2011. A progress report associated with the request for services, dated 08/06/2014, identified subjective complaints of neck and right shoulder pain. Objective findings were noted as unchanged with decreased range of motion of the neck. Diagnoses (paraphrased) included post cervical fusion; neck pain; radiculopathy at C4. Treatment had included physical therapy. A Utilization Review determination was rendered on 08/14/2014 recommending non-certification of Electromyogram (EMG) for Bilateral Extremities; Nerve Conduction Studies (NCV) for Bilateral Extremities; MRI of the Cervical Spine; and CT Scan C5 to T1 only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) for Bilateral Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178; 182.

**Decision rationale:** The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that

electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. Conversely, EMG is not recommended for diagnosis of nerve root involvement if the findings in the history, physical exam, and imaging studies are consistent. In this case, the record does not document the neurological examination of the upper extremities. Likewise, the diagnosis was listed as affirmed. Therefore, the medical record does not support the medical necessity of bilateral EMGs.

**Nerve Conduction Studies (NCV) for Bilateral Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. In those cases, they are recommended before imaging studies. In this case, the record does not document the neurological examination of the upper extremities. Therefore, the medical record does not support the medical necessity for bilateral nerve conduction studies.

**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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, MRI

**Decision rationale:** The Medical Treatment Utilization Schedule ACOEM Guidelines state that for cervical nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. The criteria for ordering special studies such as an MRI are listed as:- Emergence of a red flag;- 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. Additionally, recent evidence indicates cervical disc annular tears may be missed on MRIs as well as a 30% false-positive rate in patients without symptoms and under the age of 30. The Official Disability Guidelines (ODG) state that an MRI is recommended with certain indications. These include:- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurological signs or symptoms present;- Neck pain with radiculopathy if severe or progressive neurologic deficit;- Chronic neck pain, radiographs show spondylosis, neurological signs or symptoms present;- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present;- Chronic neck pain,

radiographs show bone or disc margin destruction;- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal";- Known cervical spine trauma: equivocal or positive plain films with neurological deficit;- Upper back/thoracic trauma spine trauma with neurological deficit.In this case, there is no indication in the record of any of the above abnormalities or other indications for an MRI and therefore no documented medical necessity for the study.-Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurological signs or symptoms present;-Neck pain with radiculopathy if severe or progressive neurologic deficit;-Chronic neck pain, radiographs show spondylosis, neurological signs or symptoms present;-Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present;-Chronic neck pain, radiographs show bone or disc margin destruction;-Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal";-Known cervical spine trauma: equivocal or positive plain films with neurological deficit;-Upper back/thoracic trauma spine trauma with neurological deficit.In this case, there is no indication in the record of any of the above abnormalities or other indications for an MRI and therefore no documented medical necessity for the study.

**CT Scan C5 to T1 only:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ; Work Loss Data Institute, LLC; Corpus Christi TX

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177, 182.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Guidelines state that CT of the cervical spine is indicated with the emergence of a red flag, physiologic evidence of nerve dysfunction, failure to progress in an exercise program, or clarification of anatomy prior to a procedure. In this case, the above criteria were not documented. Therefore, there is no documented medical necessity for a CT of the cervical spine.