

<b>Case Number:</b>	CM14-0165408		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Arizona. 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:

Patient is a 32 year old female with a date of injury on 1/7/2009. Subjective complaints are of upper extremity pain. Physical exam shows a non-antalgic gait, and bilateral wrists have full range of motion, and pain with gripping. Prior treatment has included acupuncture, physical therapy, and injections. Patient had also undergone right sided carpal and cubital tunnel release in 2012. Medications include Lidoderm, Hydrocodone, and diclofenac. Prior EMG/NCS in 2010 showed right carpal and cubital tunnel syndrome, and C6-7 cervical radiculopathy. MRI from 2011 was not significant for compression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI:** 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck MRI

**Decision rationale:** CA MTUS supports a cervical MRI for patients 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 anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The OGD suggests an MRI for chronic neck pain, radiographs normal, neurologic signs or symptoms present, or neck pain with radiculopathy that has severe or progressive neurologic deficits. This patient's documentation did not suggest cervical neurologic signs, and did not show evidence of "red flag" conditions. Therefore, the medical necessity of a cervical MRI is not established.

**EMG of the BUE (bilateral upper extremities):** 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, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179,182, 213, 261, 269.

**Decision rationale:** ACOEM guidelines suggest EMG/NCS as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as an appropriate electrodiagnostic study that may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, prior EMG/NCS was obtained that demonstrated cervical radiculopathy and peripheral compression at the carpal and cubital tunnel. Submitted documents do not identify any significant change in symptoms that would warrant repeat EMG studies. Therefore, the medical necessity for the bilateral upper extremities EMG is not established at this time.