

<b>Case Number:</b>	CM14-0030937		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 49 year old female who initially presented with a lumbar and cervical sprain/strain. A clinical note dated 01/28/14 indicated the injured worker stated the initial injury occurred on 11/12/13 when she was lifting totes that had been inadvertently filled with hardware. The injured worker reported low back and neck pain. The injured worker underwent therapeutic interventions and medications. The injured worker reported 10/10 pain described as tingling, burning, stiff, stabbing, pain with giving way sensation. The injured worker stated the symptoms were consistent. The injured worker demonstrated 5/5 strength at the upper extremities and 70 degrees of flexion/extension. The Utilization Review dated 02/12/14 resulted in a denial for a cervical MRI with electrodiagnostic testing as no neurological deficits had been identified associated with the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. The clinical documentation indicates the injured worker complaining of neck pain. An MRI of the cervical spine is indicated for patients who have demonstrated significant neurological findings associated with the cervical spine. No information was submitted regarding neurological deficits in the upper extremities. Given this, the request is not indicated as medically necessary.

**EMG (electromyography) of the upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request for electrodiagnostic studies of the upper extremities are non-certified. The clinical documentation indicates the injured worker complaining of neck pain. Electrodiagnostic studies are indicated for patients who have demonstrated significant neurological findings associated with the cervical spine. No information was submitted regarding neurological deficits in the upper extremities. Given this, the request is not indicated as medically necessary.

**Nerve Conduction Velocity study of the upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request for electrodiagnostic studies of the upper extremities are non-certified. The clinical documentation indicates the injured worker complaining of neck pain. Electrodiagnostic studies are indicated for patients who have demonstrated significant neurological findings associated with the cervical spine. No information was submitted regarding neurological deficits in the upper extremities. Given this, the request is not indicated as medically necessary.