

<b>Case Number:</b>	CM14-0042874		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Management and is licensed to practice in Tennessee. 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 is a 50-year-old male patient with an 11/24/10 date of injury. He injured himself while he was working under the counter. He stood up and hit his head on the counter. A consultation note dated on 6/7/14 indicated that the patient complained of constant pain of his head, neck and back, which he characterized as burning, sharp, shooting, and as a pins and needles sensation. Cervical MRI dated on 2/7/12 indicated was in the s/p interbody fusion at the C4-5 level, with bilateral pedicle screws placement at the C4-5 vertebral bodies. There was mild diffuse disc bulging with a small superimposed central disc protrusion. No large herniation or transligamentous disc extrusion was identified. MRI dated on 5/1/13 revealed no changes compared to 2/7/12 MRI result. EMG/NCV (Electromyogram/ Nerve conduction velocity) dated on 2/13/12 was abnormal due to bilateral denervation of the C6-C7 and L5-S1. That was consistent with bilateral C6/C7 and bilateral L5-S1 radiculopathy. EMG/NCV study dated on 3/3/14 demonstrated Left C6-8 and left S1 nerve root irritation without conclusive evidence for cervical or lumbar radiculopathy. He was diagnosed with Cervical Post-laminectomy syndrome, Cervicalgia, Myofascial pain, and Low back pain. Treatment to date: medication management, physical therapy, TENS (Transcutaneous Electrical Nerve Stimulation) unit and exercises. There is documentation of a previous 4/9/14 adverse determination. Cervical spine MRI was not certified based on the fact that the patient had several prior MRIs and there was no change withwen resent MRI from 5/1/13 and 2/7/12. Bilateral upper extremity EMG/NCV was not certified, because there was no changes between previous studies. Bilateral upper extremities NCV was not certified, bsd on the fact that in 2/26/14 progress note diagnostic studies were normal except lumbar spine spasm. Bilateral lower extremities EMG/NCV were not certified, because of the same reason.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** CA MTUS supports imaging studies 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 the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, the patient has had several MRIs for the cervical region. The most recent MRI was on 5/1/13 which did not show any significant changes compared to a previous MRI on 2/7/12. In addition, there was no documentation supporting a change or progression in objective findings. Therefore, the request for MRI cervical spine was not medically necessary.

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

**Decision rationale:** CA MTUS criteria for EMG/NCV (Electromyogram/ Nerve conduction velocity) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there was documentation supporting that the patient has had several EMG studies. The most recent EMG was on 3/3/14 that revealed left C6-8 nerve root irritation without conclusive evidence for cervical or lumbar radiculopathy. In addition, there was no documentation of new exacerbation of the patient's condition. Therefore, the request for EMG bilateral upper extremities was not medically necessary.

**NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there was documentation supporting that the patient had several EMG studies. The recent EMG/NCV was on 3/3/14 that revealed left C6-8 nerve root irritation without conclusive evidence for cervical or lumbar radiculopathy. In addition, there was no documentation of a new exacerbation of the patient's condition. Therefore, the request for NCV bilateral upper extremities was not medically necessary.

**EMG bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter EMG/NCV).

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with pain in his lower back, characterized as burning, shooting, and sharp associated with pins and needles. His most recent EMG/NCV study dated on 3/3/14 demonstrated left S1 nerve root irritation without conclusive evidence lumbar radiculopathy. In addition, there was no evidence of a new exacerbation of his condition. Therefore, the request for EMG bilateral lower extremities was not medically necessary.

**NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter EMG/NCV).

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient presented with pain in his lower back, characterized as burning, shooting, and sharp associated with pins and needles. His most recent EMG/NCV study dated on 3/3/14

demonstrated left S1 nerve root irritation without conclusive evidence lumbar radiculopathy. In addition, there was no evidence of a new exacerbation of his condition. Therefore, the request for NCV bilateral lower extremities was not medically necessary.