

<b>Case Number:</b>	CM14-0049441		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/06/2008
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Orthopedic Surgeon 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:

This is a 62-year-old female who sustained an injury on December 26, 2008. In the record, there is no mention of neck pain in the 2013 progress reports. In an exam dated February 20, 2014 there is mention of continuing complaints of neck and low back pain and right-sided shoulder pain which affects activities of daily living and is aggravated by sitting, standing, walking, and stair climbing. The upper extremity is affected by lifting, pushing, pulling, and overhead activities. Note is made of spasm, tenderness, and guarding in the paravertebral muscles of the cervical and lumbar spine along with decreased range of motion. There is a positive impingement of the right shoulder. The patient is complaining of "radiculopathy" in the upper extremities mainly on the right side with numbness, tingling, and weakness. There are no physical findings documented. The progress note of March 20, 2014 states there is decreased dermatomal sensation with pain noted bilaterally at C6. A request is made for an MRI scan of the cervical spine plus electrodiagnostic studies of both upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 rationale:** The medical record for this patient is vague and the physical examination almost nonexistent. This patient had an injury in 2008 yet the progress notes of 2013 do not mention the neck pain as part of the workman's comp injury. In the progress note of February 2014 there is mention of an adjudication which incorporates the cervical spine as part of the workman's comp injury. We do not have any idea of the history of her cervical spine injury. Did she have an MRI scan in the past? The so-called radiculopathy is it new or has it been there for a while? Is there any objective motor weakness or deep tendon reflex changes associated with? These are questions that need to be answered since changes on MRI scan may be more misleading than confirmatory. The ACOEM guidelines state that an MRI scan is indicated if there is any emergence of a red flag. Since we do not have any history of this patient's past cervical problems, we do not know whether this is a new finding or a chronic finding that has been worked up in the past. Again, physiological evidence of tissue insult or neurological dysfunction is an indication for an MRI scan but we still do not know whether these findings are new or chronic. Another indication would be failure to progress in a strengthening program intended to avoid surgery. We do not know whether the patient has any objective motor deficit. Until we have the answers to these questions, the medical necessity for an MRI scan has not been established.

**EMG of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-179.

**Decision rationale:** The ACOEM guidelines state that electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. This patient has been having problems with her neck since 2008 yet there is no history as to whether the neurologic findings that were mentioned, that is decreased sensation over the C6 dermatome, is a new finding or a chronic finding. Until the history and/ or progression of this patient's cervical problems are better defined, the medical necessity for EMGs has not been established.

**NCV of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-179.

**Decision rationale:** The ACOEM guidelines state that electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. This patient has been having problems with her neck since 2008 yet there is no history as to whether the neurologic findings that were mentioned in the February and March progress reports, which is decreased sensation over the C6 dermatome, is a new finding or a chronic finding. Until the history and/ or progression of this patient's cervical problems are better defined, the medical necessity for nerve conduction studies has not been established.