

<b>Case Number:</b>	CM14-0056615		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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:

The patient is a 66-year-old female who has submitted a claim for status post anterior cervical discectomy and interbody arthrodesis at C4-5 and C5-6 with internal fixation, advanced degenerative disc disease at C3-4 and C6-7, Stage IV carcinoma of the lung, and disc bulging at C3-4 and C6-7 without significant cord compromise associated with an industrial injury date of 06/10/2013. Medical records from 12/19/2013 to 07/09/2014 were reviewed and showed that patient complained of neck pain (grade not specified) radiating into the left arm with numbness in the hands. Physical examination revealed tenderness over the left trapezius muscle and decreased cervical spine range of motion. Sensation to light touch and deep tendon reflexes of bilateral upper extremities were intact. Manual muscle testing was 5/5 except for left deltoid (4+/5). Grip strength was equal bilaterally. magnetic resonance imaging (MRI) of the cervical spine dated 04/08/2014 revealed prior cervical discectomy and fusion C4-6, mild to moderate central canal stenosis at C4-5, moderate residual central canal stenosis at C5-6, posterior disc osteophyte complexes at C3-4 and C6-7, mild to moderate central canal stenosis at C3-4, and C6-7 moderate canal stenosis. X-ray of the cervical spine dated 02/20/2014 revealed interbody arthrodesis at C4-5 and C5-6, retained hardware from C4-6, and severe disc space collapse at C3-4 and C6-7. Treatment to date has included anterior cervical discectomy and interbody arthrodesis at C4-5 and C5-6 with internal fixation (09/2013), physical therapy, and acupuncture. Utilization review dated 04/14/2014 denied the request for MRI of the cervical spine with and without contrast and electroneurodiagnostic testing, neck and upper extremities because there were no objective findings to support the use of these studies. Utilization review dated 04/14/2014 denied the request for additional physical therapy 3 times a week for 4 weeks to the cervical spine because the patient should already be well educated by now to complete home exercise program for the long term.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, cervical spine, with and without contrast, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic Resonance Imaging (MRI).

**Decision rationale:** Pages 179-180 of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) referenced by California Medical Treatment Utilization Schedule (MTUS) states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends magnetic resonance imaging (MRI) for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, objective findings do not provide evidence of specific nerve compromise. The patient was noted to improve with physical therapy (04/14/2014). There was no discussion of a need for surgery. The patient does not meet the guidelines criteria for computerized tomography scan of the cervical spine. There was no discussion as to why variance from the guidelines is needed. Of note, MRI of the cervical spine dated 04/08/2014 revealed prior cervical discectomy and fusion C4-6, mild to moderate central canal stenosis at C4-5, moderate residual central canal stenosis at C5-6, posterior disc osteophyte complexes at C3-4 and C6-7, mild to moderate central canal stenosis at C3-4, and C6-7 moderate canal stenosis. Therefore, the request for MRI, cervical spine, with and without contrast, QTY: 1 is not medically necessary.

**Electroneurodiagnostic testing, neck, and upper extremities, QTY: 1:** Upheld

**Claims Administrator 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 and Upper BackEMG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** Regarding electromyography (EMG), page 238 of the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that (EMG) is recommended if cervical

radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. California (MTUS) ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, Official Disability Guidelines (ODG) states that nerve conduction velocity studies (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of neck pain (grade not specified) radiating into the left arm with numbness in the hands. Normoreflexia, normal sensation to light touch and weakness of left deltoid were noted. The patient's clinical manifestations were not consistent with focal neurologic deficit or symptoms of neuropathy. Therefore, the request for Electroneurodiagnostic testing, neck, and upper extremities, QTY: 1 is not medically necessary.

**Additional Physical therapy, 3 times a week for 4 weeks, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck and Upper Back (updated 3/31/14)Physical therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 21 visits of physical therapy with functional improvement (04/14/2014). It is unclear as to why the patient cannot self-transition into home exercise program. Therefore, the request for Additional Physical therapy, 3 times a week for 4 weeks, QTY: 12 is not medically necessary.