

<b>Case Number:</b>	CM14-0073989		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Emergency Medicine, and is licensed to practice in California. 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 with reported date of injury on 5/12/2005. Mechanism of injury is reported to be from a lifting injury at work. Patient has diagnoses of lumbosacral disc injury, lumbosacral sprain/strain, bilateral S1 lumbosacral radiculopathy, thoracic sprain, cervical radiculopathy and myofascial syndrome. Also noted was insomnia and depression. Patient complains of low back pain, as well as bilateral arm and leg numbness and tingling. Objective exam reveals decreased range of motion (ROM) of the lumbar spine with positive straight leg raise bilaterally. Tenderness to the cervical spine, and pain is rated at 9/10. Reports state that patient has completed physical therapy, TENS, injections, acupuncture and other medications with no improvement. An EMG (2/28/14) of the bilateral upper extremities revealed left sided cervical radiculopathy at C5, C6 and C7 dermatomes. No other imaging or electrodiagnostic reports were sent for review. Medication list was not provided for review. Patient appears to be on Ketofen, Omeprazole, Topiramate, Tramadol, Norco and MS Contin. Independent Medical Review is for EMG/NCV of the bilateral lower extremity and an MRI of Cervical spine. Prior UR on 5/5/14 approved MRI of the lumbar spine and recommended non-certification of MRI of cervical spine and EMG/NCV of lower extremity. The authorization request was received on 4/17/14. MRI of the cervical spine revealed C2-3 disc bulge, C3-4 central herniated disc to 9mm with mass effect on cord, mild canal stenosis; C4-5 broad based herniated disc up to 14mm with mass effect on cord, mild canal stenosis. C5-6 and C6-7 herniated disc with contact with cord. MRI of Lumbar spine revealed severe spinal stenosis at L3-4 and L4-5 with moderate loss of disc height with disc desiccation. These MRIs were done just after the authorization request was sent for review and was therefore done prior to UR approval or review. The results of these MRIs will not be considered during this IMR since prospective data does not retrospectively change the indications for the requests as per MTUS Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG NCV OF BLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

**Decision rationale:** As per the ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no proper documentation of nerve root dysfunction in the records provided; except for back pains and positive straight leg raise. There is no mention of a neurological exam or prior imaging testing as per documentations. As per ACOEM Guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there are signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented in this case. As such, the request is not medically necessary.

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in the event of red flag signs or symptoms, signs of neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. There are no documented red flag findings in the complaints or exam. There is no noted goal of the MRI since the patient has refused surgery and/or is not a surgical candidate. Patient's therapy program is stagnant but stable for years, there is no documentation as to why there is a need for MRI. Prior physical therapy has been for back pain problem, and there is no documentation of physical therapy to the neck. Patient meets no criteria for an MRI of the neck. As such, the request is not medically necessary.