

<b>Case Number:</b>	CM14-0077881		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 01/29/2014, reportedly while he was employed with the [REDACTED] as a Deputy Sheriff/Detective for over 29 years, he noticed the gradual onset of pain in his neck and back. The injured worker was required to perform repetitive activities that required a significant amount of physical force and over time, he began to experience pain in his neck and back. The injured worker's prior history included physical therapy, chiropractic treatment, massage therapy, lumbar epidural steroid injections, facet blocks, and rhizotomy. The injured worker was evaluated on 03/11/2014 and it was documented that the injured worker complained of constant neck and back pain with radicular symptoms. The examination showed tenderness in the cervical and lumbar spine with spasm. There was a positive Spurling's and straight leg raise. There was decreased sensation in C6 and S1 dermatomes. There was decreased range of motion. The notes included cervical/lumbar discopathy and cervicalgia and carpal tunnel/double crush syndrome. The Request for Authorization dated 03/26/2014 was for consultation with pain management, an MRI of the cervical spine, and an EMG of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Pain Management for CESI and LESI:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

**Decision rationale:** The request for consultation with pain management for CESI (cervical epidural steroid injection) and LESI (lumbar epidural steroid injection) is not medically necessary. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted lacked evidence of the injured workers outcome measurements of pain medications. In addition, the request lacks evidence on why the injured worker needs to have a pain management consultation. Therefore, the request for pain management consultation is not medically necessary.

**MRI of the 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, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for Magnetic Resonance Imaging of Cervical Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There was no outcome measurements of conservative care treatment submitted for the injured worker. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is not medically necessary.

**EMG of BUE (bilateral 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, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for EMG of the bilateral lower extremities is not medically necessary. CA MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the physical

examination done on 03/11/2014 indicating nerve root dysfunction. As such, the request is not medically necessary.