

<b>Case Number:</b>	CM14-0077958		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational 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:

The applicant is a [REDACTED], employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and reportedly normal CT scanning of the cervical spine, per the claims administrator. In a Utilization Review Report dated April 16, 2014, the claims administrator denied a request for electrodiagnostic testing of bilateral upper extremities and an MRI of the cervical spine. The claims administrator cited a non-MTUS Official Disability Guidelines (ODG) that denied the proposed MRI of the cervical spine, although the MTUS did address the topic. The claims administrator based its decision, in large part, on an earlier Utilization Review Report. The claims administrator also used American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) Guidelines to deny the electrodiagnostic testing, it was further noted. The applicant's attorney subsequently appealed. In an October 3, 2013 psychological evaluation, the applicant was described as totally temporarily disabled from a combined medical and mental health perspective. In an ophthalmology note dated August 29, 2012, the applicant was described as having proliferative diabetic retinopathy of bilateral eyes. On February 16, 2014, the applicant was placed off of work, on total temporary disability, with ongoing complaints of neck pain radiating into bilateral extremities, 4/10. A variety of medications, Norco, Ativan, Terocin, Prilosec, Tramadol, and Methoderm gel were prescribed. Drug screening was also performed. Physical therapy, TENS unit, and lumbar MRI imaging were prescribed while the applicant was placed off of work, on total temporary disability. On February 28, 2014, the applicant was described as having shoulder adhesive capsulitis status post earlier shoulder decompression surgery on January 20, 2014. Additional physical therapy was prescribed. On March 28, 2014, the applicant was given prescriptions for

various oral and topical medications, including Norco, Ativan, Mentherm, Tramadol, and various topical compounds and again placed off of work, on total temporary disability. On January 14, 2014, the applicant's pain management noted that the applicant had had cervical MRI of June, 2013 noting a 3-mm disc bulge at C5-C6 and C6-C7, of uncertain significance. On March 27, 2014, the applicant was described as having persistent complaints of neck pain radiating into the bilateral upper extremities, 4-6/10, with numbness and tingling also appreciated by the same. Norco, Prilosec, Tramadol, and Ativan were prescribed. It was stated that the applicant might in fact have a cervical radiculopathy. Repeat cervical epidural steroid injection was sought at C5-C6 level. The applicant was again placed off of work, on total temporary disability. The applicant did exhibit decreased sensorium about the bilateral upper extremities on exam, it was further noted, although there was no mention of any motor dysfunction.

### **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): , table 8-8, page 182.

**Decision rationale:** MRI or CT imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, the attending provider appears intent on pursuing cervical epidural steroid injection therapy, regardless of the outcome of the cervical MRI. The applicant had had earlier cervical MRI imaging in June, 2013 which failed to uncover any clear evidence of lesion amenable to surgical correction. It is unclear what role repeat MRI would serve in this context. Therefore, the request is not medically necessary.

**NERVE CONDUCTION VELOCITY UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 178, EMG and/or NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints or both which last greater than three to four weeks. In this case, the applicant does have ongoing complaints of bilateral upper extremity paresthesias. The applicant is diabetic. The applicant has evidence of diabetic retinopathy. Earlier cervical MRI imaging was non-diagnostic. Obtaining electrodiagnostic testing of bilateral upper extremities to help distinguish between the

possible cervical radiculopathy and/or diabetic neuropathy is therefore indicated. Accordingly, the request is medically necessary.

**EMG UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 178, EMG and/or NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, which last greater than three to four weeks. In this case, the applicant does have persistent complaints of upper extremity paresthesias with hypo-sensorium noted about the hands. These could represent a function of an occult cervical radiculopathy which was not uncovered on earlier cervical MRI imaging versus widespread diabetic neuropathy. The EMG testing in question is therefore indicated. Accordingly, the request is medically necessary.

**X-RAYS OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8, page 182.

**Decision rationale:** As noted in the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 182, routine usage of plain film radiography is "not recommended", when red flags are absent. In this case, there was/is no evidence for suspicion of any red flag diagnoses such as fracture, tumor, cauda equina syndrome, etc., which would have compelled plain-film imaging of the cervical spine. Therefore, the request is not medically necessary.