

<b>Case Number:</b>	CM14-0175050		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with an injury date of 04/22/13. The 05/08/14 report by [REDACTED] states that the patient presents with continued dull, aching, sharp, stabbing pain in the cervical spine with burning sensation unchanged from prior examinations. Pain radiates from the neck to the lower back and upper extremities with baseline pain of 1-9/10. Examination of the cervical spine shows limited range of motion with tenderness to palpation of the paraspinals and positive Spurling test in the bilateral. There is diminished sensation to light touch in the C5, C6 pattern bilaterally. The patient's diagnoses include: 1. Cervical spine strain 2. Bilateral C5, C6 radiculopathy of the cervical spine. The utilization review being challenged is dated 09/24/14. Reports were provided from 03/05/14 to 05/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV for the upper extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

**Decision rationale:** The patient presents with cervical spine pain with burning sensation. Pain radiates from the neck to the lower back and upper extremities. The treater request NCV/EMG for both upper extremities and lower extremities. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." On 04/14/14 the treater states the following about this request, "Continues to have discomfort and pain in the neck area with radiation down the arm. There is numbness and tingling down the arm. Symptoms are exacerbated with neck movements. Patient would benefit from having an EMG/NCV. As soon as this is done, then we can formulate a treatment plan." There is no evidence in the reports provided of prior NCV/EMG studies of the upper or lower extremities for this patient. EMG/NCV for the upper extremities would be indicated and supported by the guidelines. The request for NCV/EMG for upper extremities is medically necessary.

**MRI Lumbar 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 (ODG) Low Back, MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI

**Decision rationale:** The patient presents with cervical spine pain with burning sensation. Pain radiates from the neck to the lower back and upper extremities. The treater request MRI Lumbar Spine. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The treater does not discuss this request in the reports provided. There is no indication of a prior MRI lumbar or prior lumbar surgery for the patient. In this case, none of the reports provided discuss lumbar spine issues. Without any symptoms documented, an MRI would not be indicated. The request for MRI for Lumbar Spine is not medically necessary.

**Acupuncture 2 x 4 lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines.<http://www.dir.ca.gov/dwc/DWCPropRegs/Medi>.

**Decision rationale:** The patient presents with cervical spine pain with burning. Pain radiates from the neck to the lower back and upper extremities. The treater request Acupuncture 2x4 for Lumbar and Cervical Spine. MTUS recommends an initial trail of 6 sessions of acupuncture and additional treatments with functional improvement. The treater does not discuss this request in the reports provided. There is no evidence of prior Acupuncture treatments for this patient. If the patient is just starting treatment, the 8 sessions requested exceed what is allowed per MTUS for a trial. If the request is for additional treatment following a trial, no treatment reports or other evidence have been provided to show functional improvement as required by MTUS. The request for Acupuncture is not medically necessary.

**EMG/NCV for the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

**Decision rationale:** The patient presents with cervical spine pain with burning sensation. Pain radiates from the neck to the lower back and upper extremities. The treater request NCV/EMG for both upper extremities and lower extremities. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." On 04/14/14 the treater states the following about this request, "Continues to have discomfort and pain in the neck area with radiation down the arm. There is numbness and tingling down the arm. Symptoms are exacerbated with neck movements. Patient would benefit from having an EMG/NCV. As soon as this is done, then we can formulate a treatment plan." There is no evidence in the reports provided of prior NCV/EMG studies of the upper or lower extremities for this patient. For EMG/NCV of the lower extremities, review of the reports does not show any discussion for low back or leg symptoms. All of the discussions are limited to the C-spine and the arms symptoms. In the absence of any description of symptoms in the L-spine, the requested EMG/NCV studies of the lower extremities would not be indicated. The request for EMG/NCV studies of the lower extremities is not medically necessary.