

<b>Case Number:</b>	CM14-0191170		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 & Rehabilitation 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 injured worker is a 61-year-old who reported an injury on 01/18/2014. The mechanism of injury was not provided. On 05/12/2014, the injured worker presented with complaints of neck pain, right shoulder pain, left shoulder pain, left elbow pain, low back pain and left knee pain. Examination of the cervical spine revealed positive foraminal compression and "shoulder depressor" tests bilaterally. The range of motion values for the cervical spine revealed 40 degrees of flexion, 50 degrees of extension, 70 degrees of bilateral rotation and 40 degrees of bilateral flexion. There was limited range of motion due to pain in all directions. The diagnoses were cervical sprain/strain, left elbow sprain/strain, left 4th digit sprain/strain, left knee sprain/strain, lumbar sprain/strain, lumbar sprain/strain, thoracic sprain/strain, intractable pain, contusions of multiple body parts and episodic blurred vision. The provider recommended an MRI of the cervical spine, an EMG of the upper extremities and physical therapy for 8 sessions. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for an MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies. The included medical documentation failed to show evidence of significant neurologic deficits on physical exam. Additionally, documentation failed to show the patient has tried and failed an adequate course of conservative treatment. As such, an MRI is not supported by the referenced guidelines. As such, the medical necessity has not been established.

**EMG of the upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for an EMG of the upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that an EMG in cases of peripheral nerve impingement is recommended if no improvement or worsening has occurred within 4 to 6 weeks, then electrical studies may be indicated. The medical documents lack evidence of muscle weakness and numbness or symptoms that would indicate peripheral nerve impingement. The injured worker is currently engaged in physical therapy sessions. However, the efficacy of those sessions has not been provided. As such, the medical necessity has not been established.

**Physical Therapy for eight sessions:** Upheld

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

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

**Decision rationale:** The request for physical therapy for 8 sessions is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process to maintain improvement levels. The injured worker has previously participated in physical therapy treatments. There is no documented efficacy of those prior treatments noted. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the

amount of prior physical therapy visits has not been provided. The provider's request did not indicate the site at which the physical therapy sessions are intended for in the request as submitted. As such, medical necessity has not been established.