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| <b>Case Number:</b>   | CM14-0194473 |                              |            |
| <b>Date Assigned:</b> | 12/02/2014   | <b>Date of Injury:</b>       | 12/23/2013 |
| <b>Decision Date:</b> | 01/30/2015   | <b>UR Denial Date:</b>       | 11/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2014 |

### 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 Rehab, 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 53-year-old male with an injury date of 12/23/2013. Based on the 06/26/2014 progress report, the patient complains of having cervical spine pain and thoracic spine pain. There is tenderness to palpation over the upper, mid and lower paravertebral, and trapezius muscle. There is increased pain in the cervical spine with right lateral rotation and right lateral bending. In regards to thoracic spine, there is tenderness to palpation over the upper paravertebral muscles. There is mild limitation of motion. There is diminished sensation in the left upper extremity in the C6 distribution. The 09/04/2014 report indicates the same symptoms the patient had on the 06/26/2014 progress report. The 09/24/2014 report states, "The range of motion is flexion to 35 degrees with 30 degrees right lateral bending, 40 degrees left lateral bending, 40 degrees right lateral rotation, 40 degrees left lateral rotation, and 30 degrees extension." No further exam findings were provided. The patient's diagnoses include the following: Cervical spine strain. Left cervical radiculopathy. Closed head injury. Scalp laceration. Degenerative joint/degenerative disk disease with protrusion at C3-C4-C5-C6-C7. The utilization review determination being challenged is dated 11/12/2014. There were 4 treatment reports provided from 06/13/2014 - 09/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodiagnostic Studies Bilateral Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Electromyography (EMG). Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS).

**Decision rationale:** The patient presents with cervical spine pain and thoracic spine pain. The request is for electrodiagnostic studies of the bilateral upper extremities. The rationale is that "evidence of weeks-months of a recent, reasonable and/or comprehensible non-operative treatment protocol trial and failure has not been submitted. Severe and/or progressive neurologic findings have not been documented." There were no prior EMGs or NCVs provided, nor is there any discussion regarding this request. ACOEM Guidelines page 206 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. These may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persists. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in selected cases. ODG further states regarding EDS and carpal tunnel syndrome, "Recommended in patients with clinical signs of CTS or may be candidates for surgery". Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In this case, there is no prior EMG/NCV testing done on the patient's upper extremities. There is no discussion provided as to what the patient needs EMG/NCV study for. The patient has been complaining about his cervical spine pain as early as 06/13/2014 report. There is tenderness to palpation over the upper, mid and lower paravertebral, and trapezius muscle. There is increased pain in the cervical spine with right lateral rotation and right lateral bending. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. With the patient's chronic symptoms, the requested electrodiagnostic study of the bilateral upper extremities is medically necessary.

**Additional physical therapy for neck and head x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with cervical spine and thoracic spine pain. The request is for additional physical therapy for neck and head. MTUS pages 98 through 99 have the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 also state that for "myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The 09/04/2014 report states "The patient has had 8 therapy visits with

definite improvement. He has continued with his light duty, work activities, and self-treatment including an aggressive exercise program." In this case, it appears as though the patient has had 8 sessions of physical therapy with improvement. It is unknown how many additional sessions of therapy the treater is requesting for. The patient is allowed to have up to 10 visits of therapy; however, it is unknown how many sessions are requested for at this point. The requested additional physical therapy for the neck and head is not medically necessary.