

<b>Case Number:</b>	CM14-0196341		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, 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:

This patient is a 52 year old female with a date of injury of 10/18/13. According to progress report dated 10/8/14, the patient presents with constant low back pain with associated radicular symptoms in the left lower extremity. The patient is rated as 8/10. Examination of the lumbar spine revealed tenderness in the lumbar paraspinal musculature and right sciatic notch. Muscle spasms are noted. Decreased range of motion is noted and there is a positive straight leg raise on the left. This report is hand written hand partially illegible. Report 8/25/14 notes that the patient complains of low back pain. There is decrease ROM with increase in pain on all planes. Straight leg is positive and there is numbness and tingling along the left L4-5. Report 5/7/14, states the patient has persistent neck and low back pain. Examination of the cervical spine revealed limited range of motion, tenderness over the bilateral trapezius and paravertebral muscles. Shoulder compression test and Spurling's are positive. Sensation is decreased in the C5-C8 nerve distribution. The listed diagnoses are: 1. Chronic cervical pain, rule out disc herniation 2. Chronic bilateral shoulder strain 3. Chronic lumbar strain 4. Upper and lower extremity radicular findings 5. Fibromyalgia Treatment plan is for MRI of the cervical spine and lumbar spine, EMG/NCV of the upper and lower extremities, consult with internist and topical compound cream. The Utilization review denied the request on 10/17/14. Treatment reports from 3/5/14 through 11/24/14 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical spine MRI: 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): 177, 178.

**Decision rationale:** This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for a cervical spine MRI. The Utilization review denied the request stating that "current medical records do not confirm that the patient is a candidate for surgery, identify suspicion of a serious pathology..." For special diagnostics, the ACOEM Guidelines, Chapter 8, page 177,178 states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging study." In this case, the patient has continued neck pain with positive compression and Spurling's test. Decreased sensation was also noted. There is no prior cervical MRI found in the medical file. Given the patient's positive finding and continued pain, the requested MRI of the cervical spine is medically necessary.

### **Lumbar spine MRI: Overturned**

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

**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 chapter, MRI

**Decision rationale:** This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for a lumbar spine MRI. The Utilization review denied the request stating that the treating physician mentions that MRI of the L-spine was performed in the past, but results are not provided. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provide a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The progress reports do not discuss prior MRI. Reports dating back to 3/10/14 continually note "pending authorization for MRI of lumbar spine." Given the patient's continued pain and radicular symptoms, an MRI of the lumbar spine for further investigation is medically necessary.

### **EMG/NCV of the left upper extremity: Overturned**

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

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

**Decision rationale:** This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for EMG/NCV of the left upper extremity. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. ODG further states regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The patient has continued complaints of radiating pain into the upper extremities, and there are no prior EMG/NCV testing found in the medical records provided. The treating physician is unclear if radiculopathy is present and is requesting diagnostic testing for clinical verification of radiculopathy. The requested EMG/NCV of the upper extremities is medically necessary.

### **EMG/NCV of the left lower extremity: Overturned**

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

**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, Electrodiagnostic studies (EDS), EMGs (electromyography) and Low Back chapter: Nerve conduction studies (NCS).

**Decision rationale:** This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for EMG/NCV of the left lower extremity. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low

back." There is no indication that prior EMG/NCV testing has been provided. In this case, the patient has continued complaints of pain and radicular components, and further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV is medically necessary.