

<b>Case Number:</b>	CM14-0197245		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	09/28/2001
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Geriatrics and is licensed to practice in New York. 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 59 year old man with a date of injury as 09/28/2001. The cause of injury was not included in the documentation. The current diagnoses include cervical radiculopathy and lumbosacral neuritis. Previous treatments include multiple medications, physical therapy, and home exercise program. Primary treating physicians report dated 05/14/2014 through 11/12/2014 and physical therapy notes from 04/14/2014 through 05/12/2014 were included in the documentation submitted for review. Report dated 11/12/2014 notes that the injured worker presented with complaints that included severe neck pain, headaches, and lower back pain. Physical examination revealed tenderness and decreased Range of Motion (ROM) in the cervical spine, pain with extension and flexion, and decreased Range of Motion (ROM) of the low back, left paraspinal spasms, and right paraspinal spasms. Reflexes show decreased sensation to pinprick, vibration, position, and light touch. The physician noted that clinically the injured worker is no better and in some ways he seems to be getting worse. Report dated 10/01/2014 documents that the injured worker is still having very significant neck pain with associated occipital headaches. Examination revealed diminished reflexes at the biceps and triceps, cervical and lumbar spine spasms diffusely, and decreased Range of Motion (ROM). Primary treating physician note dated 05/14/2014 recommends hydrotherapy for treatment of the injured workers spasms, but there were no notes from this therapy. Physical therapy progress notes from 04/14/2014 through 05/12/2014 indicate that the injured worker has completed 9 visits. Physical therapy report from 05/12/2014 notes that the injured worker has continued pain in the lumbar area while performing home exercises, but there was no detailed evaluation of functional improvement in the physical therapy records received. The injured worker's work status was not included. There were no reports from previous imaging included in the documentation submitted. The utilization review performed on 10/24/2014 non-certified a prescription for bilateral upper

extremity electromyogram/nerve conduction velocity study based on no evidence of neurologic deficit or reproducible radicular pain in the upper extremities on physical examination; or progressive worsening of symptoms; or significant changes in condition or evidence of failure of conservative treatments particularly the recommended physical therapy and aqua therapy. The Magnetic Resonance Imaging (MRI) of the cervical spine was non-certified based no significant neurological findings noted on examination; and no red flag signs/symptoms documented to support a repeat Magnetic Resonance Imaging (MRI) of the cervical spine. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral upper extremities EMG/NCV: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The physical exam shows tenderness and restricted range of motion but there are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCVs of the bilateral upper extremities. Therefore, this request is not medically necessary.

#### **Cervical Spine MRI: 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), MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with pain and restricted range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology, and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically necessary.