

<b>Case Number:</b>	CM14-0207293		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice 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 is a 42 year old female patient who sustained a work related injury on 12/29/13. Patient sustained the injury due to trip and fall incident. The current diagnoses include sprain of the shoulder/arm and sprain of the wrist and cervicgia. Per the doctor's note dated 11/6/14, patient has complaints of pain in the right arm, shoulder, neck with numbness, tingling, and weakness in right arm and hand at 8-9/10. Physical examination of the revealed limited range of motion of the cervical spine, tenderness on palpation, negative Spurling's sign, 5/5 strength and normal sensation. Since June 2014, the neurological examination was normal. The medication lists include tramadol ER, diclofenac XR, cyclobenzaprine, ibuprofen and Zolpidem. The patient has had X-ray of the right hand and x-ray of the cervical spine that showed degenerative changes at C6/7. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received 12 PT visits for this injury. The patient had 4 physical therapy (PT) visits from 10/16/14 to 11/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Per ACOEM chapter 12 guidelines, "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." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out..... Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Per the doctor's notes the pt has complaints of pain in the right arm, shoulder, neck with numbness, tingling, and weakness in right arm and hand at 8-9/10. Since June 2014, the neurological examination was normal. The patient has received conservative treatment with 12 PT visits and medications for this injury. The pt. has symptoms in the neck as well as the wrist/ hand area. An electrodiagnostic study like an EMG/ NCV would help to differentiate between cervical radiculopathy and peripheral neuropathy like carpal tunnel syndrome. The request for EMG/NCV of the cervical spine is deemed medically appropriate and necessary for this patient.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI).

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Per the doctor's note dated 11/6/14, physical examination of the revealed negative Spurling sign, 5/5 strength and normal sensation. Since June 2014, the neurological examination was normal. Any significant objective functional deficits on the neurological examination that would require MRI of the cervical spine were not specified in the records provided. Objective findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. The patient has received 12 PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive

procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for MRI of the cervical Spine is not fully established for this patient.