

<b>Case Number:</b>	CM14-0067372		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/06/2000
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 51 year old male, who sustained an industrial injury on 12/06/2000. The initial complaints or symptoms included laceration to the face, and headache after scaffolding fell on his head. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, conservative therapies, injections, cervical fusion surgeries, lumbar spine surgeries, and left knee surgeries. At the time of the request for authorization, the injured worker complained of worsening pain in the cervical, thoracic and lumbar spines with neck pain radiating to both upper extremities. The injured worker's last cervical MRI was completed in 2012. It was reported that there had been previous electrodiagnostic testing done that showed carpal tunnel syndrome; however, these results were not available for the treating physician. The 3/28/14 physical exam revealed normal muscle bulk, tonie, strength, sensation and reflexes. The diagnoses include history of cervical and lumbar fusion, severe fibromyalgia and degenerative joint disease. The request for authorization included bilateral upper extremity EMG and NCV (electromyography and nerve conduction velocity) and a MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral upper extremity EMG and NCS (nerve conduction studies): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 270.

**Decision rationale:** One bilateral upper extremity EMG and NCS (nerve conduction studies) is not medically necessary per the MTUS Guidelines. The MTUS states that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. 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. The documentation does not indicate physical exam findings to support the diagnoses of carpal tunnel syndrome or radiculopathy therefore the request for bilateral upper extremity EMG/NCS is not medically necessary.

**One MRI of the cervical spine:** Upheld

**Claims Administrator 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 Neck and Upper Back.

**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-MRI.

**Decision rationale:** One MRI of the cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients 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. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits for an MRI of the cervical spine is not medically necessary.