

<b>Case Number:</b>	CM15-0009398		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on 9/17/2013. The current diagnoses are cervical spine strain with right radicular pain, tendonitis right wrist with probable carpal tunnel syndrome, early onset tendonitis of the left wrist with possible early carpal tunnel syndrome, and insomnia. Currently, the injured worker complains of neck pain and stiffness which frequently radiates into the upper back of both shoulder blades, with associated numbness and tingling down both arms, more on the right side. She reports bilateral wrist and hand pain with frequent swelling, more in the right hand. There is tingling and numbness in both thumbs, and in the right index and long finger. There is grip weakness in both hands. The pain in the right wrist extends up to the right forearm. Additionally, she complains of dizziness, nauseousness, and sleep difficulties. Treatment to date has included wrist brace and physical therapy. An MRI of the right wrist in October 2014 indicated subchondral erosion of the capitate and findings. Prior MRIs in August 2014 of the wrist were consistent with carpal tunnel syndrome. Recently, the treating physician is requesting X-rays of the Cervical Spine, right wrist and hand, MRI of cervical spine, and EMG of the upper extremities, which is now under review. On 1/5/2015, Utilization Review had non-certified a request for X-rays of the Cervical Spine, right wrist and hand, MRI of cervical spine, and EMG of the upper extremities. The California MTUS ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of the Cervical Spine, right wrist and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 182,272.

**Decision rationale:** According to the guidelines, an x-ray of the cervical spine is recommended in the event of a recent injury, infection, tumor or acute neurological findings. In this case, there were no red flag cervical symptoms. The claimant also had a recent MRI of the wrist. Routine x-rays are not recommended except in the case of a scaphoid fracture. In this case, the claimant had no recent injury or clinical suspicion of fracture. The request for an x-ray of the cervical spine and wrist is not medically necessary.

**MRI of cervical spine:** Upheld

**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): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.

**EMG of the upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the guidelines, an EMG or NCV is not recommended in those without symptoms for diagnosis. An NCV is recommended for impingement of the median or ulnar nerve after failure of conservative treatment. In this case, the claimant had MRIs of the wrists in August 2014 indicating carpal tunnel. The exam findings were consistent with prior MRI findings. The request for an EMG or NCV would not offer any additional clinical information that would change the treatment plan or course of impairment. The request for an EMG/NCV is not medically necessary.

