

<b>Case Number:</b>	CM15-0107562		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, elbow, forearm, and hand pain reportedly associated with an industrial injury of July 8, 2013. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve requests for cervical MRI imaging and electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an April 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a June 2, 2015 progress note, the applicant reported ongoing complaints of low back pain, neck pain, and shoulder pain with attendant complaints of depression. The applicant was given a Toradol injection in the clinic. The applicant was returned to regular duty work, it was stated toward the bottom of the report. The applicant was given diagnosis of cervical degenerative disk disease, multi-segment. Spasms and tenderness were noted about the cervical spine region. The diagnostic testing at issue was not discussed on this office visit. In a May 1, 2015 RFA form, cervical MRI imaging, Norco, and Cymbalta were endorsed. In an associated progress note dated May 1, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and depression. The applicant was given an operating diagnosis of multilevel cervical degenerative joint disease. Cervical spasm and paraspinal tenderness were noted. It was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. The requesting provider was a general practitioner, it was stated. On April 24, 2015, the applicant was again returned to regular duty work. Ongoing complaints of neck pain, 7-8/10 were reported. Multi-segment cervical spinal tenderness was noted, along with cervical paraspinal tenderness and trapezius tenderness. Muscle spasms were

reported. MRI imaging of the cervical spine and electrodiagnostic testing of bilateral upper extremities was sought, reportedly on the grounds that the applicant's symptoms were worsening. The requesting provider on this date, once again, was a general practitioner.

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

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

#### **MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Online Version), Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, it was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical procedure or surgical intervention involving the cervical spine based on the outcome of the study in question. The requesting provider was a general practitioner (as opposed to a spine surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

#### **EMG (Electromyelography) study of the upper extremities, quantity: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 251, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Online Version), Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Similarly, the request for EMG testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperative or before planned epidural steroid injection, here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical procedure

or invasive intervention involving the cervical spine based on the outcome of the study in question. It did not appear that the applicant was considering cervical spine surgery or cervical epidural steroid injection therapy. Therefore, the request was not medically necessary.

**NCV (Nerve Conduction Velocity) study of the upper extremities, quantity: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 251, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Online Version), Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 179.

**Decision rationale:** Finally, the request for nerve conduction testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic studies including the nerve conduction testing at issue may be helpful in differentiating between cervical radiculopathy and other suspected considerations, such as carpal tunnel syndrome, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not explicitly stated whether the attending provider suspected a cervical radiculopathy, a carpal tunnel syndrome, cervical paraspinal spasms, degenerative joint disease of the cervical spine, etc. The stated diagnosis on the April 24, 2015 progress note was degenerative joint disease of the cervical spine, i.e., an anatomic issue. However, the MTUS Guideline in ACOEM Chapter 8, Table 8-7, page 179 scores electrodiagnostic testing a 2/4 in its ability to identify suspected anatomic defects, as were reportedly present here. It was not clearly stated why nerve conduction testing was sought for a diagnosis for which it is scored relatively poorly in its ability to identify and define, per ACOEM Chapter 8, Table 8-7, page 179. Therefore, the request was not medically necessary.