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| <b>Case Number:</b>   | CM15-0163584 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 10/25/2011 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### 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: Massachusetts

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

### 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 47 year old female sustained an industrial injury on 10-25-11. Diagnoses include intervertebral disc disease and cervical disc disorder with myelopathy. Treatments to date include x-ray and MRI testing, physical therapy, injections, acupuncture and prescription pain medications. The injured worker has continued complaints neck, arm, leg and low back pain. Upon examination, cervical tenderness was noted. Cervical range of motion is reduced. Spasms were noted. Hoffman dynamic test and Spurling's test was positive. A request for EMG/NCV of bilateral upper extremities and x-ray of cervical spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Harris J. Occupational medicine practice guidelines, 2nd edition (2004) pp 288-289, 270 Official Disability Guidelines (ODG), Forearm, Wrist and Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in October 2011 and is being treated for neck and bilateral arm pain with progressive symptoms over three years consistent with cervical myelopathy. An MRI of the cervical spine in September 2012 included findings of multilevel disc protrusions with C5-6 retrolisthesis. The claimant's past medical history includes lumbar spine surgery and depression. When seen, flexion/extension x-ray results were reviewed. Physical examination findings included decreased and painful cervical spine range of motion. There was decreased upper extremity strength and right upper extremity sensation. There was a positive left Hoffman reflex. There was a slightly antalgic and wide based gait. There was non sustained clonus and Babinski testing was equivocal. Therefore, the requested treatment is not medically necessary.

**X-ray cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J. Occupational medicine practice guidelines, 2nd edition (2004) pp 177-179 Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** The claimant sustained a work injury in October 2011 and is being treated for neck and bilateral arm pain with progressive symptoms over three years consistent with cervical myelopathy. An MRI of the cervical spine in September 2012 included findings of multilevel disc protrusions with C5-6 retrolisthesis. On 05/11/15 authorization for cervical spine x-rays including flexion/extension views was requested. An x-ray of the cervical spine can be recommended as the initial study in a patient older than 40 with no history of trauma or with a history of remote trauma. In this case, the claimant has findings of cervical myelopathy with possible instability suggested by the finding of anterolisthesis at C5-6. The requested cervical spine x-rays were medically necessary. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or metabolic pathology that would cause a neuropathy. The claimant has clinical findings of cervical myelopathy and an MRI of the cervical spine has been requested which would be the next step in evaluating her condition. There is no documented neurological examination that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. This request is not medically necessary. Pain (Chronic), Electrodiagnostic testing (EMG/NCS) AANEM Recommended Policy for Electrodiagnostic Medicine.