

<b>Case Number:</b>	CM15-0164364		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 1-11-2006. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having thoracic pain, lumbar pain, bilateral lower and upper extremity radiculopathy and bilateral hand paresthasias. Treatment to date has included therapy and medications management. In a progress note dated 7-20-2015, the injured worker complains of bilateral hand paresthasias, right upper extremity radiculopathy, mid thoracic spinal pain and bilateral lower extremities radiculopathy. The 7/26/2015 noted radicular complaints but there was no objective findings reported. A 3/16/2015 CT and 1/26/2015 MRI of the cervical spine noted intact hardware at C5-C6 without any other significant abnormality. The 4/15/2015 EMG/NCV studies of the cervical /upper extremities did not show any abnormality. The treating physician is requesting thoracic magnetic resonance imaging, lumbar magnetic resonance imaging, bilateral upper extremities electromyography (EMG) , bilateral upper extremities nerve conduction study (NCS), bilateral lower extremities electromyography (EMG), bilateral lower extremities nerve conduction study (NCS) and bilateral elbow splints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, MRI.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI studies can be utilized for the evaluation of deteriorating spine pain with neurological deficits when clinical evaluations and standard X-ray radiological tests are inconclusive. The MRI studies test can also be utilized for evaluation of a red flag condition. The records did not show any objective finding consistent with neurological deficit of the upper or lower extremity. There is no indication of a red flag condition related to the thoracic or lumbar spine. The recent EMG/NCV study of the upper extremity / cervical spine did not show any abnormality. There is no documentation of abnormal plain X-ray report of the thoracic spine. The criteria for the MRI of the thoracic spine studies was not met. Therefore, the requested treatment is not medically necessary.

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, MRI.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI studies can be utilized for the evaluation of deteriorating spine pain with neurological deficits when clinical evaluations and standard X-ray radiological tests are inconclusive. The MRI studies test can also be utilized for evaluation of a red flag condition. The records did not show any objective finding consistent with neurological deficit of the upper or lower extremity. There is no indication of a red flag condition related to the thoracic or lumbar spine. The recent EMG/NCV study of the upper extremity / cervical spine did not show any abnormality. There was no documentation of abnormal plain X-ray of the lumbar spine. The criteria for the MRI of the lumbar spine studies was not met. Therefore, the requested treatment is not medically necessary.

**EMG (Elelectromyogram), bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, Upper Extremities.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for the evaluation of deteriorating spine pain with neurological deficits when clinical evaluations and standard X-ray radiological tests are inconclusive. The EMG/NCV studies test can also be utilized for evaluation of a neurological red flag condition. The records did not show any objective finding consistent with neurological deficit of the upper extremities. There is no indication of a red flag condition related to the cervical. The recent EMG/NCV study of the upper extremity / cervical spine did not show any abnormality. The CT and MRI of the cervical spine did not show any abnormality that is consistent with radiculopathy. The criteria for the EMG/NCV studies of bilateral upper extremities was not met. Therefore, the requested treatment is not medically necessary.

**NCS (nerve conduction studies), bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper Back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Upper Extremities EMG / NCV studies.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for the evaluation of deteriorating spine pain with neurological deficits when clinical evaluations and standard X-ray radiological tests are inconclusive. The EMG/NCV studies test can also be utilized for evaluation of a neurological red flag condition. The records did not show any objective finding consistent with neurological deficit of the upper extremities. There is no indication of a red flag condition related to the cervical. The recent EMG/NCV study of the upper extremity / cervical spine did not show any abnormality. The CT and MRI of the cervical spine did not show any abnormality that is consistent with radiculopathy. The criteria for the EMG/NCV studies of bilateral upper extremities was not met. Therefore, the requested treatment is not medically necessary.

**EMG (Elelctromyogram), bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back EMG/NCV studies.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for the evaluation of deteriorating spine pain with neurological deficits when clinical evaluations and standard X-ray radiological tests are inconclusive. The EMG/NCV studies test can also be utilized for evaluation of a red flag condition. The records did not show any objective finding consistent with neurological deficit of the lumbar spine or lower extremities. There is no indication of a red flag condition related to the lumbar spine or lumbar extremities. There is no documentation of an abnormal X-ray of the lumbar spine. The criteria for the EMG studies of bilateral lower extremities was not met. Therefore, the requested treatment is not medically necessary.

**NCS (nerve conduction studies), bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, EMG/NCV studies.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for the evaluation of deteriorating spine pain with neurological deficits when clinical evaluations and standard X-ray radiological tests are inconclusive. The EMG/NCV studies test can also be utilized for evaluation of a red flag condition. The records did not show any objective finding consistent with neurological deficit of the lumbar spine or lower extremities. There is no indication of a red flag condition related to the lumbar spine or lumbar extremities. There is no documentation of an abnormal X-ray of the lumbar spine. The criteria for the EMG studies of bilateral lower extremities was not met. Therefore, the requested treatment is not medically necessary.

**Bilateral Elbow Splints:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper Extremities DME.

**Decision rationale:** The CA MTUS and the ODG guidelines noted that elbow splints can be utilized for post operative immobilization and support. The CA MTUS did not address the use of Durable Medical Equipment (DME) including Splints outside the post operative or acute injury period. The ODG guidelines noted that DME can be utilized in chronic musculoskeletal conditions to improve mobilization and support comfort or pain relief. The records did not note significant objective findings related to the elbows. The provider noted that the Splints was required to prevent the patient from flexing the elbows during sleep. This is not a guidelines supported indication for the use of DME. The criteria for the use of bilateral elbow Splints was not met. Therefore, the requested treatment is not medically necessary.