

<b>Case Number:</b>	CM15-0185698		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/15/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 injured worker is a 36 year old male, who sustained an industrial injury on 7-15-2015. Medical records indicate the worker is undergoing treatment for cervical, thoracic and lumbar spine strain, cervical radiculopathy and lumbar radiculopathy. A recent progress report dated 8-3-2015, reported the injured worker complained of cervical pain, tenderness, limited range of motion, weakness and catching of the cervical spine with radiation to the bilateral upper extremities, thoracic pain and weakness, bilateral shoulder pain and lumbar clicking, locking, tenderness, limited motion and weakness with radiation to the bilateral lower extremities. Physical examination revealed cervical paravertebral tenderness, thoracic paravertebral tenderness, lumbar tenderness and bilateral shoulder tenderness. There was patchy decreased sensation of the bilateral lower extremities-notably in the lumbar 5 distribution. Cervical range of motion was flexion of 40 degrees, 30 degrees of right lateral bending, 40 degrees of left lateral bending and 30 degrees of extension. Lumbar range of motion was flexion of 20 degrees, right lateral bending of 15 degrees, left lateral bending of 20 degrees and extension of 15 degrees. Treatment to date has included physical therapy and medication management. X rays showed cervical and lumbar degenerative changes. On 8-18-2015, the Request for Authorization requested lumbar and cervical magnetic resonance imaging and electromyography (EMG), nerve conduction study (NCS) of the bilateral upper extremities and bilateral lower extremities. On 8-20-2015, the Utilization Review noncertified the request for lumbar and cervical magnetic resonance imaging and electromyography (EMG), nerve conduction study (NCS) of the bilateral upper extremities and bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 1 MRI of the lumbar spine is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of the cervical spine is not medically necessary.

### **1 EMG/NCV of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The patient carries a diagnosis of lumbar radiculopathy. 1 EMG/NCV of bilateral lower extremities is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**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), Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend electrodiagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The patient carries a diagnosis of cervical radiculopathy. 1 EMG/NCV of bilateral upper extremities is not medically necessary.