

<b>Case Number:</b>	CM15-0191927		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, California

Certification(s)/Specialty: Emergency 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 54 year old female with a date of injury on 05-01-2013. The injured worker is undergoing treatment for cervical spine sprain-strain with radicular complaints- Magnetic Resonance Imaging evidence of 6mm central disc herniation at C4-C5; 4mm posterior disc bulge at C5-C6, 3-4 mm disc bulge at C6-C7; history of cervical spine fusion, bilateral shoulders-trapezius myofascial strain, and bilateral wrist-hand sprain, rule out carpal tunnel syndrome in the left wrist. A physician note dated 04-30-2015 documents the injured worker has complaints of continued neck pain, with difficulty rotating her head. There is documentation that surgery may need to be planned. A physician progress note dated 09-03-2015 documents the injured worker is having increased neck pain and has been going to physiotherapy and it is helping. She has lost control of her hands, and feels her neck pain has increased. Her pain medication causes constipation. On examination there is increased tone with associated tenderness about the paracervical and trapezial muscles. There are no trigger points. There is some guarding on examination. Her right and left shoulder reveals mild tenderness and mild spasm about the trapezius muscle noted. Impingement test is positive on the left. Impingement test on the left is positive. Supraspinatus weakness test is positive bilaterally. Her right and left wrist and hand reveals positive Tinel's on the left and positive compression test bilaterally. She has repeated episodes of altered sensorium. She complains of symptoms of gastritis. She has complaints of headaches and dizziness. There is documentation that x-rays were approved on 03-18-2015, but results were not found in documentation presented for review. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program,

psychotherapy, acupuncture, status post cervical fusion on 03-08-2014. An Electromyography and Nerve Conduction Velocity study done on 08-29-2013 revealed bilateral carpal tunnel syndrome, moderate on the left and severe on the right. There is an unofficial documentation that an electroencephalogram was negative. She is not working. She is totally temporarily disabled. On 09-16-2015 Utilization Review non-certified the request for CT scan of cervical spine, Internal Medicine consult, NCV/EMG of the upper extremities, and Physical Therapy 2 times a week for 4 weeks for the cervical spine.

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

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

**Physical Therapy 2 times a week for 4 weeks for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. This request is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. Pain medications were renewed without any mention of decreasing dosing or frequency. There is no documentation to assess activities of daily living. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." The request for 8 additional physical therapy sessions for the cervical spine is not medically necessary.

**CT scan of cervical spine: Upheld**

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

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

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for red flag conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. Documentation reviewed includes a previous MRI of the cervical spine. The treating physician has not documented any specific neurological deficits indicative of radiculopathy or other signs of significant pathology since the time of this study. There is no documentation of a new trauma. The cervical spine CT request is not

medically necessary based on the documentation and the guideline recommendations in the MTUS.

**NCV/EMG of the upper extremities:** 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): Physical Examination, Diagnostic Criteria, Special Studies.

**Decision rationale:** The IW has previously had EMG/NCV testing. There are no reports from the prescribing physician that adequately present new neurologic findings leading to medical necessity for electrodiagnostic re-testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

**Internal Medicine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter.

**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 pain - office visit.

**Decision rationale:** Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for an internal medicine consultation. It is unclear what condition the internal medicine provider is being asked to assess. Without supporting documentation, the request for a rheumatology consultation is not medically necessary.