

<b>Case Number:</b>	CM15-0205903		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

This 60 year old male sustained an industrial injury via cumulative trauma from 1-20-10 to 1-20-15. Documentation did not disclose previous treatment. In a Doctor's First Report of Occupational Injury dated 8-18-15, the injured worker complained of pain and discomfort in his neck, back, bilateral elbows, bilateral wrists, bilateral hands, bilateral hips and bilateral upper and lower extremities. The injured worker also complained of sleep problems, stress, anxiety and depression. Physical exam was remarkable for cervical spine with tenderness to palpation over the trapezius and spasms, positive compression and shoulder depression tests and range of motion: flexion 40, bilateral rotation 75 and extension 50 degrees, lumbar spine with tenderness to palpation to the paraspinal musculature, positive right straight leg raise and Kemp's test and range of motion: flexion 45 degrees and extension 15 degrees, bilateral shoulders with tenderness to palpation, positive impingement tests and range of motion: flexion 170 degrees, abduction 90 degrees, extension 30 degrees, adduction 35 degrees, external rotation 90 degrees and internal rotation 75 degrees, bilateral elbows with tenderness to palpation at the lateral epicondyles, positive Cozen's test and range of motion: flexion 140 degrees and extension 0 degrees, bilateral knees with positive McMurray's test and range of motion 0 to 140 degrees, 4 out of 5 strength to bilateral hamstrings and quadriceps and bilateral wrists with positive Phalen's and Tinel's tests, decreased median nerve sensation and range of motion: flexion 50 degrees and extension 50 degrees. The physician recommended x-rays of the cervical spine, lumbar spine, bilateral shoulders, bilateral elbows and bilateral wrists, a functional capacity evaluation and acupuncture. In a PR-2 dated 9-22-15, the injured worker's subjective complaints and objective

findings were essentially unchanged. The treatment plan included reviewing x-ray reports for the cervical spine, lumbar spine and wrists, awaiting x-rays for the knees, shoulders and wrists, requesting acupuncture, a referral for medication management, physical therapy twice a week for three weeks, requesting a transcutaneous electrical nerve stimulator unit, and requesting authorization for magnetic resonance imaging cervical spine and lumbar spine and electromyography and nerve conduction velocity test of bilateral upper and lower extremities. On 10-12-15, Utilization Review noncertified a request for outpatient magnetic resonance imaging of the cervical spine and lumbar spine and nerve conduction velocity test and electromyography of bilateral upper and lower extremities.

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

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

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

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

**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) Neck and upper back/Magnetic Resonance Imaging.

**Decision rationale:** Guidelines do not support spinal MRI studies unless specific conditions are met. These conditions include the presence of "red flag" conditions, acute severe trauma with suspected fracture/cord injury or persistent/progressive neurological dysfunction. None of the qualifying conditions are documented to be present. The mechanism of injury and medical history do not support red flag conditions and there are no dermatomal or functional deficits that support neurological function in relationship to the cervical spine. Under these circumstances, the request for the Outpatient MRI of the cervical spine is not supported by Guidelines and is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/ Magnetic Resonance Imaging.

**Decision rationale:** Guidelines do not support spinal MRI studies unless specific conditions are met. These conditions include the presence of "red flag" conditions, acute severe trauma with suspected fracture/cord injury or persistent/progressive neurological dysfunction. None of the qualifying conditions are documented to be present. The mechanism of injury and medical history do not support red flag conditions and there are no dermatomal or functional deficits that support neurological function in relationship to the lumbar spine. Under these circumstances, the

request for the Outpatient MRI of the cervical spine is not supported by Guidelines and is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Electrodiagnostics Carpal Tunnel Syndrome/Electrodiagnostic studies- Electromyography.

**Decision rationale:** Guidelines do not support the request for bilateral NCV/EMG of the upper extremities without evidence of neurological functional deficits arising from the cervical spine and/or a peripheral nerve entrapment. There is no objective neurological dysfunction documented emanating from the cervical spine and Guidelines do not support EMG studies as necessary for a diagnosis of carpal tunnel syndrome. There are no unusual circumstances to justify an exception to Guidelines. The request for NCV/EMG of the bilateral upper extremities is not supported by Guidelines and is not medically necessary.

**NCV/EMG of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostic Studies.

**Decision rationale:** MTUS Guidelines do not support electrodiagnostic studies of the lower back unless there is reasonable evidence of persistent/progressive neurological loss. In addition, ODG adds additional details and states the nerve condition studies are not indicated as a part of testing if a radiculopathy is being evaluated. There is no documentation of objective neurological loss that would support this testing per Guideline standards. The NCV/EMG of the lower extremities is not medically necessary.