

<b>Case Number:</b>	CM15-0223633		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	12/22/1993
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old female with an industrial injury date of 12-22-1993. Medical record review indicates she is being treated for spinal stenosis and loss of disc height. Subjective complaints (10-13-2015) included a "major flare up" of low back pain about a month prior "which caused her a lot of pain radiating to the right side." "Her back was shifted out at that point." The treating physician noted things had improved but the injured worker was still having some low back pain and ongoing neck pain with numbness and tingling in the right cervical 6. Work status is not indicated in the 10-13-2015 note. Prior treatments documented in the submitted medical records included Diclofenac and Hydrocodone-APAP. Diagnostics are documented in the 10-13-2015 note by the treating physician as follows: Four view lumbar spine x-ray (done 10-13-2015) showed "significant rotation and tilting of the lumbar 4 relative to lumbar 3 as well as lumbar 5 on sacral 1." "We are seeing issues at the lumbar 3-4 as well as lumbar 5-sacral 1."; "Previous x-ray of the cervical spine shows foraminal narrowing at cervical 6-7 on the left and right at cervical 4-5." Physical examination (10-13-2015) noted the injured worker was able to flex and extend without too much pain. There was decreased sensation in the left sacral 1 and right lumbar 4 distributions. Straight leg raise was negative in bilateral lower extremities. On 11-03-2015, the following requests were denied by utilization review: MRI of lumbar spine; MRI of cervical spine; EMG-NCV (electromyography and nerve conduction studies) of bilateral upper extremities; EMG-NCV of bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical:** 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.

**Decision rationale:** This 51 year old female has complained of low back pain and neck pain since date of injury 12/22/1993. She has been treated with physical therapy and medications. The current request is for an MRI of the cervical spine. The available medical records show a request for MRI of the cervical spine without any new patient physical exam findings or provider rationale for the requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records nor is there documentation of a suboptimal response to tried conservative therapies. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the cervical spine is not medically necessary.

**MRI of the lumbar spine:** Upheld

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

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

**Decision rationale:** This 51 year old female has complained of low back pain and neck pain since date of injury 12/22/1993. She has been treated with physical therapy and medications. The current request is for an MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine without any new patient physical exam findings or provider rationale for the requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records nor is there documentation of a suboptimal response to tried conservative therapies. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the lumbar spine is not medically necessary.

**EMG/NCV for the BUE (bilateral upper extremities) and BLE (bilateral lower 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 Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This 51 year old female has complained of low back pain and neck pain since date of injury 12/22/1993. She has been treated with physical therapy and medications. The current request is for an EMG/NCV of the upper and lower extremities. The available medical records do not document any new injuries or physical examination findings, which would indicate the necessity of obtaining an EMG/NCV of the bilateral upper and lower extremities. Additionally there is no documentation of suboptimal response of tried conservative therapies. On the basis of the available medical records and per the MTUS guidelines cited above, EMG/NCV of the bilateral upper and lower extremities is not medically necessary.