

<b>Case Number:</b>	CM15-0036804		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 48 year old female patient, who sustained an industrial injury on 09/16/2014. The diagnoses have included cervical discopathy/cervicalgia and bilateral carpal tunnel/double crush syndrome. She sustained the injury due to cumulative trauma. Per the doctor's note dated 01/14/2015 she had complaints of cervical spine pain with radiation to bilateral upper extremities with tingling and numbness; bilateral wrists, hands and finger pain. Physical examination revealed cervical spine- paravertebral muscle tenderness with spasm, positive axial loading compression test and Spurling's maneuver, headaches and decreased range of motion with pain; Bilateral wrist- tenderness with a positive Finkelsteins sign, positive Tinel's sign and Phalen's sign, full range of motion but painful and sensation diminished in the radial digits. Patient has tried nabumetone and cyclobenzaprine. The current medications list is not specified in the records provided. Her surgical history includes knee surgery. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided. Treatment to date has included cervical spine x-rays. The injured worker was noted not to be taking any medication. Treatment plan included MRI of cervical spine, bilateral wrists and hands, and electromyogram (EMG) and nerve conduction velocity (NCV) studies of the upper extremities. On 01/29/2015 Utilization Review non-certified one MRI of the bilateral wrists/hands, one EMG/NCV of the bilateral upper extremities, and one MRI of the cervical spine. The CA MTUS, ACOEM Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the bilateral wrists/hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines , Forearm, Wrist & Hand (Acute & Chronic) MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** Per the ACOEM's Occupational Medicine Practice Guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture." Any indication listed above that would require bilateral wrist/hand MRI is not specified in the records provided. Evidence of red flag signs is not specified in the records provided. X-ray report of the bilateral wrist is not specified in the records provided. Response to a complete course of conservative therapy including physical therapy and NSAIDs is not specified in the records provided. Per the cited guidelines "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." A detailed physical examination of the bilateral wrist suggesting specific disorders is not specified in the records provided. Any snuff box tenderness on exam is not specified in the records provided. The medical necessity of One MRI of the bilateral wrists/hands is not established for this patient.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212; 33; 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic) Electrodiagnostic Studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 and Page 261.

**Decision rationale:** Per the ACOEM guidelines cited below "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." In addition per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly,

provided red flag conditions are ruled out." Evidence of red flag signs is not specified in the records provided. Response to a complete course of conservative therapy including physical therapy and NSAIDs is not specified in the records provided. The medical necessity of One EMG/NCV of the bilateral upper extremities is not fully established for this patient at this time.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided do not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Evidence of failure of conservative therapy is not specified in the records provided. The medical necessity of One MRI of the cervical spine is not established for this patient.