

<b>Case Number:</b>	CM15-0080141		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/18/2001
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 10/18/2001. She reported injury from an assault by a patient. The injured worker was diagnosed as status post anterior cervical discectomy and fusion with recent cervical myelopathy. Treatment to date has included anterior cervical discectomy and fusion, therapy, lumbar epidural steroid injection, lumbar Rhizotomy and medication management. In a progress note dated 3/12/2015, the injured worker complains of recent decline in function with diffuse aches and pains, fatigue, upper limb spasticity and decreased coordination. The treating physician is requesting cervical spine magnetic resonance imaging, bilateral upper extremities electromyography (EMG), bilateral upper extremities nerve conduction study (NCS) and cervical plain films including flexion/extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 & 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** This patient has been receiving treatment for chronic pain since an industrial injury dated 10/18/2001. The pain involves the neck and upper extremities and the lumbar spine and lower extremities. The treating physician states that the patient reports generalized fatigue and diffuse aches and pains since March 2015. The patient exhibits an abnormal gait. A radiculopathy on exam of the cervical spine or upper extremities is not documented. Cervical x-rays were performed in March 2015, but not documented. The patient's medical diagnoses include Failed cervical spine fusion, opioid dependence (with 4 different agents seen in a urine drug test), cervical spinal stenosis, and s/p lumbar radiofrequency rhizotomy. This review addresses a request for an MRI of the cervical spine. The history and physical exam does not clearly demonstrate a radicular process. There is no discussion of a recent plain film x-ray of the cervical spine. The actual symptoms are described as generalized fatigue and trouble walking. It is unclear if this could be a side effect from the medications, for example, multiple opioids. Based on the documentation, a new cervical MRI of the cervical spine is not medically necessary.

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 260-262.

**Decision rationale:** This patient has been receiving treatment for chronic pain since an industrial injury dated 10/18/2001. The pain involves the neck and upper extremities and the lumbar spine and lower extremities. The treating physician states that the patient reports generalized fatigue and diffuse aches and pains since March 2015. The patient exhibits an abnormal gait. A radiculopathy on exam of the cervical spine or upper extremities is not documented. Cervical x-rays were performed in March 2015, but not documented. The patient's medical diagnoses include Failed cervical spine fusion, opioid dependence (with 4 different agents seen in a urine drug test), cervical spinal stenosis, and s/p lumbar radiofrequency rhizotomy. This review addresses a request for EMG of the upper extremities. The history and physical exam do not demonstrate a radicular process. Under the treatment guidelines, this is a necessary finding for the EMG to be medically indicated. Based on the documentation, an EMG of the upper extremities is not medically necessary.

**NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 260-262.

**Decision rationale:** This patient has been receiving treatment for chronic pain since an industrial injury dated 10/18/2001. The pain involves the neck and upper extremities and the lumbar spine and lower extremities. The treating physician states that the patient reports generalized fatigue and diffuse aches and pains since March 2015. The patient exhibits an abnormal gait. A radiculopathy on exam of the cervical spine or upper extremities is not documented. Cervical x-rays were performed in March 2015, but not documented. The patient's medical diagnoses include failed cervical spine fusion, opioid dependence (with 4 different agents seen in a urine drug test), cervical spinal stenosis, and s/p lumbar radiofrequency rhizotomy. This review addresses a request for an NCV of the upper extremities. The guideline point out that a radiculopathy must be present to consider an NCV. The documentation does not state this. There is no evidence of a carpal tunnel syndrome either. There is no documentation of a sensory deficit that fits a dermatomal description. An NCV of the upper extremities is not medically necessary.

**Cervical plain films including flexion/extension:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. 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): 177-179.

**Decision rationale:** This patient has been receiving treatment for chronic pain since an industrial injury dated 10/18/2001. The pain involves the neck and upper extremities and the lumbar spine and lower extremities. The treating physician states that the patient reports generalized fatigue and diffuse aches and pains since March 2015. The patient exhibits an abnormal gait. A radiculopathy on exam of the cervical spine or upper extremities is not documented. Cervical x-rays were performed in March 2015, but not documented. The patient's medical diagnoses include failed cervical spine fusion, opioid dependence (with 4 different agents seen in a urine drug test), cervical spinal stenosis, and s/p lumbar radiofrequency rhizotomy. This review addresses a request for cervical spine x-rays in flexion/extension. The treating physician documents a change in the patient's condition with new symptoms in the upper extremities and the patient's gait. The patient has had two cervical spine operations. This x-ray study can detect some causes of complications after cervical spine surgery. This cervical spine x-ray is medically necessary.