

<b>Case Number:</b>	CM14-0136031		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/22/2014
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old with an injury date on 2/22/14. Patient complains of a new, increasing lumbar pain with onset "2 months" after the fall, which radiates to his right leg/foot, pain in right upper extremity, numbness/weakness in his right hand per 8/7/14 report. Patient fell from a ladder, with resultant right arm pain and deformity at the wrist, pain rated 10/10 per 2/22/14 report. Based on the 3/20/14 progress report provided by [REDACTED] the diagnosis is s/p ORIF distal radial fracture. Exam on 8/7/14 showed "C-spine range of motion is full. Range of motion of shoulders is full. L-spine range of motion has flexion/extension but rotation/flexion to right/left causes pain. Straight leg raise is normal. Lower extremities show paraspinals reveal polyphasic waves suggestive of lumbar 5 right-sided radiculopathy. Reduced sensation in ulnar distribution of right hand, extensor side of right hand/lateral forearm." [REDACTED] is requesting MRI cervical spine, MRI lumbar spine, and EMG/NCV bilateral lower extremities. The utilization review determination being challenged is dated 8/20/14 and denies MRI of cervical and lumbar spines due to lack of specific nerve compromise. [REDACTED] is the requesting provider, and he provided treatment reports from 2/22/14 to 3/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Overturned

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

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

**Decision rationale:** This patient presents with back pain, right arm pain and is s/p open reduction and internal fixation, distal radial fracture from 3/7/14. The treater has asked for MRI cervical spine but the date of the request is not known. Review of the reports do not show any evidence of cervical MRIs being done in the past. ACOEM guidelines support specialized studies for red flags, physiologic evidence of tissue insult or neurologic dysfunction. ODG guidelines support MRI's for neurologic signs or symptoms that have not improved with conservative care. In this case, patient exhibits radicular symptoms in the upper right extremity, and exam results show sensory deficits. The requested MRI cervical spine appears reasonable and is indicated for the patient at this time. The request is medically necessary.

**MRI Lumbar Spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with back pain, right arm pain and is s/p open reduction and internal fixation, distal radial fracture from 3/7/14. The treater has asked for MRI lumbar spine. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this case, the patient has a newly developed back pain with onset 2 months post injury, and exam results suggestive of radiculopathy. The requested MRI lumbar spine appears reasonable for this type of condition. The request is medically necessary.

**EMG/NCV Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with back pain, right arm pain and is s/p open reduction and internal fixation, distal radial fracture from 3/7/14. The treater has asked for

EMG/NCV bilateral lower extremities. Review of the reports do not show any evidence of EMG/NCV of lower extremities being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. The review of the records do not show prior EMG/NCV studies. In this case, the treater has asked for EMG/NCV of lower extremities, but ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. The requested EMG/NCV bilateral lower extremities is not indicated at this time. The request is not medically necessary