

<b>Case Number:</b>	CM14-0094700		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/19/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 19, 2001. A Utilization Review was performed on June 17, 2014 and recommended non-certification of upper extremity electromyogram/nerve conduction velocity (EMG/NCV), cervical myelogram and computed tomography (CT), and lumbar myelogram and CT. An Evaluation dated June 3, 2014 identifies Interim History of tingling and numbness in the left hand and left shoulder as well as some modest left hip pain intermittently. Exam identifies modest weakness of the left triceps muscle, not as much as on prior exam. No diagnoses are identified. Plan identifies additional diagnostic studies in the form of upper extremity electrodiagnostic studies to include motor nerve conduction velocity testing as well as electromyography and cervical myelogram with post-myelogram CT scanning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper extremity electromyogram/nerve coinduction velocity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for upper extremity electromyography/nerve conduction velocity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested upper extremity electromyography/nerve conduction velocity is not medically necessary.

**Cervical myelogram and CT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Myelography.

**Decision rationale:** Regarding the request for cervical myelogram and CT, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend CT myelogram for demonstration of the site of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea); Surgical planning, especially in regard to the nerve roots; Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord; Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord; Poor correlation of physical findings with MRI studies; or Use of MRI precluded because of claustrophobia, technical issues (patient size), safety reasons (pacemaker), or surgical hardware. Within the documentation available for review, there is no indication of any red flag diagnoses or physiologic evidence of tissue insult or neurologic dysfunction. Additionally, there is no documentation of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea); Surgical planning, especially in regard to the nerve roots; Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord; Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord; Poor correlation of physical findings with MRI studies; or Use of MRI precluded because of claustrophobia, technical issues (patient size), safety reasons (pacemaker), or surgical hardware. In the absence of such documentation, the currently requested cervical myelogram and CT is not medically necessary.

**Lumbar myelogram and CT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

**Decision rationale:** Regarding the request for lumbar myelogram and CT, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend CT myelogram for demonstration of the site of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea); Surgical planning, especially in regard to the nerve roots; radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord; a diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord; Poor correlation of physical findings with MRI studies; or use of MRI precluded because of claustrophobia, technical issues (patient size), safety reasons (pacemaker), or surgical hardware. Within the documentation available for review, there is no indication of any red flag diagnoses or physiologic evidence of tissue insult or neurologic dysfunction. Additionally, there is no documentation of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea); Surgical planning, especially in regard to the nerve roots; Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord; Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord; Poor correlation of physical findings with MRI studies; or Use of MRI precluded because of claustrophobia, technical issues (patient size), safety reasons (pacemaker), or surgical hardware. In the absence of such documentation, the currently requested lumbar myelogram and CT is not medically necessary.