

<b>Case Number:</b>	CM13-0030785		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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: Emergency Medicine

### 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 55 year old female, who sustained an industrial injury on March 31, 2010. She reported neck and shoulder pain. The injured worker was diagnosed as having cervical radiculopathy and chronic neck pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, physical therapy, steroid injections, medications and work restrictions. Documentation of surgeries include C7-T1 decompression with laminectomy on 8/8/10 for synovial cysts. Patient has documentation of extensive physical therapy, last was documented on 9/2012. Patient had reported that PT helped but pain returns after 4 days. MRI of cervical spine dated 1/2/13 revealed minimal retrolisthesis C4 through T1. Multilevel spinal canal and neuroforaminal stenosis. Currently, the injured worker complains of contend neck and shoulder stiffness and soreness. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 30, 2013, revealed continued pain as noted. Electro diagnostic studies of the upper extremities and physical therapy were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 272.

**Decision rationale:** EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat routine evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. There is no rationale provided for requested test. NCV is not medically necessary As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. Patient has known radiculopathy on exam confirmed with MRI. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, (web).

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

**Decision rationale:** As per ACOEM guidelines, indications for neck imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is documentation of prior conservative care. There is no documentation of worsening symptoms. Recent exams are chronic and unchanged. There is no rationale for a new MRI with a recent MRI and no changes in exam. MRI of cervical spine is not medically necessary.

**Physical Therapy for the cervical spine once per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was at least 12 sessions) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.