

<b>Case Number:</b>	CM14-0151026		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 46 year old female with an injury date of 02/06/14. Based on the 08/29/14 progress report provided by treating physician, the patient complains of neck pain. Physical examination to the neck revealed tenderness to palpation at C1-C7. Range of motion was decreased, especially on left flexion 10 degrees. Dermatomes at C6-C7 with decreased sensation to light touch and pin prick. Patient's current medications include Ultracet, Flexeril, Relafen and Prevacid. Per treater's report dated 12/19/14, the patient to remain off-work. Diagnosis (08/29/14)- Sprain/strain C-spine- Muscle spasms C1-C7- Radiculopathy bilateral upper extremities- Paresthesia bilateral upper extremities- Myalgia/mytosis. The utilization review determination being challenged is dated 09/15/14. The rationale follows: 1) MRI CERVICAL SPINE WITHOUT CONTRAST: "Without clear evidence of nerve root dysfunction, failed conservative treatment, and the definite possibility of surgery, this injured worker does not meet Guidelines"2) EMG/NCS NECK TO HANDS: "no indication that this injured worker has failed conservative treatment"3) LABS: CMP, CBC, UA: "has not provided medical reasoning and rationale in relation to her neck pain."Treatment reports were provided from 08/29/14 to 12/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI Cervical Spine without Contrast: Upheld**

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

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

**Decision rationale:** The patient presents with neck pain. The request is for MRI CERVICAL SPINE WITHOUT CONTRAST. Dermatomes at C6-C7 with decreased sensation to light touch and pin prick. Patient's current medications include Ultracet, Flexeril, Relafen and Prevacid. Patient is not working. ACOEM Guidelines, chapter 8, page 177 and 178, 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." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. The treater has not provided reason for the request. The progress reports do not document or discuss evidence to warrant imaging for this patient. Although, the patient does complain of neck pain along with some tenderness and swelling in the cervical region, the purpose of the cervical MRI request is not known and the reports show only neck pain without radiating symptoms or positive examination for any neurologic findings. There are no red flags either. Therefore, given the lack of documentation, the request is not medically necessary.

## **EMG Neck to Hands: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with neck pain. The request is for EMG NECK TO HANDS. Dermatomes at C6-C7 with decreased sensation to light touch and pin prick. Patient's current medications include Ultracet, Flexeril, Relafen and Prevacid. Patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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. NCS and EMG may confirm the

diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.” Treater has not provided reason for the request. However, given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG studies would appear reasonable. There is no evidence that this patient has had prior upper extremity EMG/NCS studies done. Therefore, the request is medically necessary.

**NCS Neck to Hands:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 206-262.

**Decision rationale:** The patient presents with neck pain. The request is for NCS NECK TO HANDS. Dermatomes at C6-C7 with decreased sensation to light touch and pin prick. Patient's current medications include Ultracet, Flexeril, Relafen and Prevacid. Patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: “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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.” Treater has not provided reason for the request. However, given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, NCS studies would appear reasonable. There is no evidence that this patient has had prior upper extremity EMG/NCS studies done. Therefore, the request is medically necessary.

**Labs: CMP, CBC, UA:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines labs Page(s): 70. Decision based on Non-MTUS Citation Pain (Chronic) Chapter, under Urine drug testing

**Decision rationale:** The patient presents with neck pain. The request is for UA, CMP, CBC. Dermatomes at C6-C7 with decreased sensation to light touch and pin prick. Patient's current medications include Ultracet, Flexeril, Relafen and Prevacid. Patient is not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. ODG-TWC, Pain (Chronic) Chapter, under Urine drug testing (UDT). ACOEM, and ODG Guidelines do not specifically discuss routine laboratory

testing. However, the MTUS Guidelines page 70 does discuss “periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests).” MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, “There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established.” Treater has not provided a reason for the request. However, patient is on Ultracet, which is an opiate. There is no indication that UDS has been done recently in medical records provided. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. CMPs and CBCs can be useful in examining a patient's overall hepatic and renal function. The patient is currently on a NSAID therapy, and CMP, CBC testing is reasonable. Therefore, the request for UA, CBC and CMP is medically necessary.