

<b>Case Number:</b>	CM14-0212733		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 14, 2013. In a Utilization Review Report dated December 10, 2014, the claims administrator denied a request for cervical MRI imaging, lumbar MRI imaging, and electrodiagnostic testing of the bilateral upper and bilateral lower extremities. The claims administrator referenced a handwritten progress note of November 13, 2014 in its determination. The applicant's attorney subsequently appealed. On said November 13, 2014 progress note, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, knee pain, and ankle pain. The applicant had reportedly achieved some temporary relief with aquatic therapy, it was stated. The applicant exhibited tenderness and limited range of motion about the cervical paraspinal musculature, trapezius musculature, suboccipital musculature, lumbar paraspinal musculature, and thoracic paraspinal musculature. Guarding and spasm were reportedly evident. 4-5/5 bilateral upper extremity strength was appreciated. The applicant was placed off of work, on total temporary disability, from four to six weeks. The applicant did have some ancillary psychological complaints, it was stated. MRI imaging of the cervical spine, MRI imaging of the lumbar spine, electrodiagnostic bilateral upper and bilateral lower extremities were sought via preprinted checkboxes, with little-to-no narrative commentary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the cervical spine, QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the ACOEM Chapter 8, Table 8-8, page 182 does support MRI or CT imaging of the neck and/or upper back to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant's presentation is not, in fact, suggestive of nerve root compromise referable to cervical spine but, rather, suggests myofascial or muscular pain. The applicant's presentation on the November 13, 2014 office visit at issue was notable for muscle spasms, myofascial tenderness, paraspinal tenderness, limited range of motion secondary to spasm, etc. These findings are suggestive of muscular pain as opposed to suggestive of an active radicular process or active nerve root compromise. There was no mention, furthermore, of the applicant's willingness to consider or contemplate any kind of surgical intervention involving any of the body regions in question based on the outcome of the study. Therefore, the request is not medically necessary.

**MRI (magnetic resonance imaging) of the lumbar spine, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved in cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. As with the cervical MRI request, the applicant's presentation was suggestive of myofascial and muscular low back pain as opposed to lumbar nerve root compromise. The multifocal nature of the applicant's pain complaints and the fact that multiple MRI studies were concurrently sought significantly reduced the likelihood of the applicant's acting on the results of any one MRI study and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

**EMG (electromyography) of the bilateral upper extremities, QTY: 2: 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): 182.

**Decision rationale:** While the ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing to help clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the cervical spine based on the outcome of the proposed EMG. There was no mention of the applicant's actively considering any contemplating any kind of cervical epidural steroid injection based on the outcome of the study in question. The applicant's presentation, as noted previously, was more consistent with the diagnosis of myofascial pain/muscular neck, upper back, low back, and shoulder pain as opposed to a diagnosis of nerve root involvement/nerve root dysfunction referable to the cervical spine and/or upper extremities. Therefore, the request is not medically necessary.

**NCV (nerve conduction velocity) of the bilateral upper extremities, QTY: 2: 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.

**Decision rationale:** While the ACOEM Chapter 8, page 178 does acknowledge that EMG and/or NCV testing can be employed to help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, lasting greater than three to four weeks, in this case, however, the applicant's presentation is suggestive of myofascial or muscular shoulder, neck, upper back, and lower back pain. The applicant's presentation was not consistent with a neuropathic or radicular pain process referable to the cervical spine and/or upper extremities. The attending provider did not explicitly state that he suggested either a cervical radiculopathy or an upper extremity peripheral neuropathy. Therefore, the request is not medically necessary.

**EMG (electromyography) of the bilateral lower extremities, QTY: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** While the ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that needle EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction, in this case, however, the applicant's presentation was/is suggestive of myofascial or muscular neck, upper back, and lower back pain. There is no clear description of any radicular

symptoms of low back pain radiating into the bilateral lower extremities which would have compelled the EMG request at issue. Therefore, the request is not medically necessary.

**NCV (nerve conduction velocity) of the bilateral lower extremities, QTY: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As noted in the ACOEM Chapter 14, Table 14-6, page 377, electrical studies such as the NCV testing at issue are deemed "not recommended" for applicants with routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, the applicant's presentation, as noted previously, is suggestive of myofascial or muscular process. There was/is no mention of the applicant's having a suspected diabetic neuropathy, generalized peripheral neuropathy, tarsal tunnel syndrome, etc., which would have compelled the NCV request at issue. Therefore, the request is not medically necessary.