

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0008690 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 02/01/2011 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 12/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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, Hawaii  
 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 injured worker is a 34 year old male, who sustained an industrial injury on 2/1/2011 while installing a header weighing in excess of 100 pounds. He has reported injury to right arm. The diagnoses have included cervical and lumbar discopathy with radiculitis, carpal tunnel syndrome double crush and right shoulder impingement. Treatment to date has included medications, diagnostics, cervical pillow, home traction unit and physical therapy. Currently, the injured worker complains of constant pain in the cervical spine and low back aggravated by repetitive motion. The pain is sharp with radiation into the upper extremities. There are associated migraine headaches and tension between shoulder blades. The pain is unchanged. The pain is worsening and was rated 7/10. There is frequent pain in the right shoulder and bilateral wrists aggravated by repetitive motions and it is characterized as throbbing. The pain is unchanged and rated 5/10. Physical exam revealed muscle tenderness with spasm, a positive axial loading compression test and positive spurling's maneuver. The range of motion was limited with pain and there was tingling and numbness into the lateral forearm and hand. Regarding the right shoulder, there was positive impingement and Hawkins. The bilateral wrists revealed positive palmar compression test with phalen's maneuver and Tinel's sign was positive. The lumbar spine revealed positive seated nerve root test, range of motion was guarded and restricted and there was numbness and tingling in the bilateral extremities. The x-rays of the cervical spine dated 11/18/14 revealed disc space height collapse with anterior/posterior osteophytes. On 12/23/14 Utilization Review non-certified a request for MRI of The Cervical Spine and EMG/NCV Bilateral Upper Extremities, noting there is no documentation of new neurologic in the upper extremities and no red flag

diagnosis. Regarding the EMG/NCV Bilateral Upper Extremities, there was no red flag diagnosis and guidelines were not supported. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of The Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Magnetic resonance imaging (MRI), neck chapter

**Decision rationale:** The patient presents with pain in the cervical spine, constant pain in the low back, frequent pain in the right shoulder and frequent pain in the bilateral wrists. The current request is for MRI cervical spine. The treating physician states that the MRI of the cervical spine is warranted because the neck condition is progressively getting worse. The ODG guidelines state, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had two previous MRIs, one 7/25/11 and one 1/27/12. In this case, the treating physician has not noted any significant change in patient's symptoms that would warrant another MRI. The treating physician states that the patient's pain is worsening but there is no evidence of new neurologic deficits. The current request is not medically necessary and the recommendation is for denial.

#### **EMG/NCV Bilateral Upper Extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain in the cervical spine, constant pain in the low back, frequent pain in the right shoulder and frequent pain in the bilateral wrists. The current request is for EMG/NCV of the bilateral upper extremities. The treating physician states that the EMG/NCV of the bilateral upper extremities is warranted because the neck condition is progressively getting worse. The ACOEM guidelines state, Electromyography (EMG), and nerve conduction velocities (NCV), 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. In this case, the treating physician has documented neck and arm symptoms lasting more than three or four weeks. The patient's diagnoses include

radiculitis, carpal tunnel syndrome and double crush. The current request is medically necessary and the recommendation is for authorization.