

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0015943 |                              |            |
| <b>Date Assigned:</b> | 02/03/2015   | <b>Date of Injury:</b>       | 03/19/2012 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 12/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2015 |

### 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

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 48-year-old female, who sustained an industrial injury on 03/19/2012. She has reported subsequent neck and low back pain and was diagnosed with lumbar and cervical degenerative disc disease and radiculopathy. Treatment to date has included oral pain medication, TENS unit, physical therapy and a home exercise program. MRI of the cervical spine in 07/19/2012 was notable for disc degeneration and spondylosis with mild central canal stenosis and disc bulging and MRI of the lumbar spine in 07/19/2012 was notable for mild facet arthropathy and annual degeneration or tearing at L5-S1 with broad based bulging. In a progress note dated 12/09/2014, the injured worker complained of 4-5/10 neck and low back pain radiating to the bilateral upper extremities with numbness. Objective physical examination findings were notable tenderness to palpation of the neck and low back. A request for authorization of an MRI of the cervical and lumbar spine and electromyography/nerve conduction study of the bilateral extremities was made. On 12/29/2014, Utilization Review non-certified requests for MRI of the cervical and lumbar spine and electromyography/nerve conduction study of the bilateral extremities, noting that there was no objective documentation of radicular pain. MTUS and ACOEM guidelines 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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The patient was injured on 03/19/12 and presents with neck pain and low back pain. The request is for a MRI OF THE CERVICAL SPINE. There is no RFA provided and the patient's work status is not known. The patient is diagnosed with lumbar and cervical degenerative disc disease and radiculopathy. Treatment to date has included oral pain medication, TENS unit, physical therapy and a home exercise program. The patient had a prior MRI of the cervical spine on 07/19/2012, which revealed disc degeneration, spondylosis with mild central canal stenosis, and disc bulging. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist."ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications list below. Indications for imaging --MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit" The reason for the request is not provided. Exam findings included tenderness to palpation of the neck and low back. Reports were hand-written and illegible; therefore, it was difficult to read the other exam findings. On 07/19/12, the patient had a MRI of the cervical spine. There is no documentation of any radicular pain from the cervical spine nor is there any evidence of progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms. In this case, patient does not present with any red flags such as myelopathy, bowel/bladder symptoms, no radiating pain with examination that is unremarkable. The requested MRI of the cervical spine IS NOT medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter MRI

**Decision rationale:** The patient was injured on 03/19/12 and presents with neck pain and low back pain. The request is for a MRI OF THE LUMBAR SPINE. There is no RFA provided and the patient's work status is not known. The patient is diagnosed with lumbar and cervical degenerative disc disease and radiculopathy. Treatment to date has included oral pain medication, TENS unit, physical therapy and a home exercise program. The patient had a prior MRI of the lumbar spine on 07/19/2012 which revealed mild facet arthropathy and annual degeneration or tearing at L5-S1 with broad based bulging. For special diagnostics, ACOEM Guidelines page 303 states, "An equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter MRI topic states that MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as a tumor, infection, fracture, nerve compromise, and recurrent disk herniation. The reason for the request is not provided. Exam findings included tenderness to palpation of the neck and low back. Reports were hand-written and illegible; therefore, it was difficult to read the other exam findings. On 07/19/12, the patient had a MRI of the lumbar spine. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine IS NOT medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back (acute and chronic) chapter, EMG

**Decision rationale:** The patient was injured on 03/19/12 and presents with neck pain and low back pain. The request is for a EMG/NCV OF BILATERAL UPPER EXTREMITIES. There is no RFA provided and the patient's work status is not known. The patient is diagnosed with lumbar and cervical degenerative disc disease and radiculopathy. Treatment to date has included oral pain medication, TENS unit, physical therapy and a home exercise program. Review of the reports provided does not indicate if the patient had a prior EMG/NCV of the bilateral upper extremities. ACOEM Guidelines page 206 states: appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. 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 and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic)

chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. The reason for the request is not provided. There is no prior EMG/NCV testing done on the patient's upper extremities. The patient has been complaining about his neck pain as early as the 07/30/14 report. Exam findings included tenderness to palpation of the neck and low back. Reports were hand-written and illegible; therefore, it was difficult to read the other exam findings. The 07/19/12 MRI of the cervical spine showed disc degeneration, spondylosis with mild central canal stenosis, and disc bulging. The 07/19/12 MRI of the lumbar spine revealed mild facet arthropathy and annular degeneration or tearing at L5-S1 with broad based bulging. In this case, none of the reports provided mention CTS or other conditions such as cervical radiculopathy. There is no indication of any radicular pain, numbness, or tingling the patient may have in the upper extremities. Therefore, the requested EMG/NCV of the upper extremities IS NOT medically necessary.