

<b>Case Number:</b>	CM15-0113402		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 55 year old male injured worker suffered an industrial injury on 01/07/2015. The diagnoses headaches, cervical spine strain/sprain with radiculopathy, right shoulder, elbow and wrist pain, lumbago and radiculopathy. The diagnostics included upper extremity electromyographic studies/nerve conduction velocity studies 4/23/2015. The injured worker had been treated with medications. On 5/5/2015 the treating provider reported headaches, radicular neck pain with muscle spasms rated 7/10 radiating to the upper extremities associated with numbness and tingling. There was right shoulder pain radiating down the arm to the fingers rated as 7/10 associated with muscle spasms. There was right wrist pain rated 7/10. There was right wrist pain rated 7/10 with numbness and tingling of the hand and fingers. There was left rib pain rated 7/10. There was radicular low back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. On exam the cervical spine had tenderness with positive cervical compression tests. The right shoulder had tenderness and positive trigger points and positive impingement sign. The right elbow/wrist was tender. The lumbar spine had muscle tenderness with positive trigger points with reduced range of motion. There were decreased sensations in all extremities. The treatment plan included MRI cervical and lumbar, Consultation neurology, and Electromyography (EMG)/Nerve Conduction Studies (NCS) upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, although there was reported neck pain with pain radiating to the arms, the physical examination leading up to this request revealed normal reflexes of the arms, painful motion of the arms and shoulders, painful provocative testing of the cervical spine, but no reported neuropathic-type pain with these tests, and no sensory testing was documented as being performed. Therefore, due to lack of a completely documented physical examination showing evidence of cervical radiculopathy, an MRI of the cervical spine would be inappropriate and not likely to lead to a useful change in treatment. Also, there was not enough time for the worker to have tried and reported effects of the recent addition of medications and physical therapy which was ordered by his orthopedic physician. Therefore, the MRI of the cervical spine is not medically necessary at this time.

**MRI lumbar:** 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): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for

uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, although there was reported low back pain with associated numbness and tingling of both hip and thigh areas, the physical examination leading up to this request revealed normal reflexes of the legs, painful motion legs and hips, but no reported neuropathic-type pain or numbness/tingling with these tests except for a vague report of having difficulty performing toe and heel walking, and no sensory testing was documented as being performed. Therefore, due to lack of a completely documented physical examination showing evidence of lumbar radiculopathy, an MRI of the lumbar spine would be inappropriate and not likely to lead to a useful change in treatment. Also, there was not enough time for the worker to have tried and reported effects of the recent addition of medications and physical therapy which was ordered by his orthopedic physician. Therefore, the MRI of the lumbar spine is not medically necessary at this time.

**Consultation neurology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** The MTUS ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was a referral made by the treating provider for a neurology consultation, but without documentation of the reason for such (help with diagnosing, to perform a procedure, etc.). Also, without any MRI imaging being warranted based on the criteria not being met for these, the referral seems to be premature and not needed. Therefore, the request for neurology consultation will be considered medically unnecessary at this time.

**Electromyography (EMG)/Nerve Conduction Studies (NCS) upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Neck and upper back chapter, Nerve conduction studies (NCS), Low back chapter, EMGs (electromyography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 261.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was not enough evidence suggestive of cervical pathology included in the documentation (subjective or objective) to suggest cervical radiculopathy to warrant further nerve testing. There was also no documentation of any recent sensory testing. Therefore, the NCS and EMG of the upper extremities will be considered medically unnecessary at this time.