

<b>Case Number:</b>	CM15-0172224		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Arizona, California  
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 injured worker is a 40 year old female who sustained an industrial injury on 10-20-14. According to the medical records she has been treated for neck and back pain. Progress report dated 7-9-15 reports continued complaints of neck pain that radiates into the arms with numbness. Objective findings: detailed examination of upper extremities. There was slight tenderness at the trapezial and paracervical, Spurling's test is equivocal, Tinel's sign and Phalen's tests are negative at the carpal tunnels. Diagnoses include: bilateral upper extremity tendinitis, trapezial and paracervical strain and rule out cervical radiculopathy. Plan of care includes: require MRI scan of her cervical spine and EMG and nerve conduction studies due to ongoing complaints of numbness in the upper extremities, will require ongoing treatment of neck and back, medications dispensed; voltaren and menthoder gel. Work status: restrictions both hands no heavy, repetitive or forceful use of the hands. Follow up in 6 weeks.

### 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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The exam findings were equivocal. X-rays were not provided for initial screening. The request for an MRI of the cervical spine is not medically necessary.

**EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper extremity of the cervical:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 38.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, history and exam are inconsistent. The peripheral exam of the extremities do not explain peripheral symptoms exhibited from the neck exam. The request for EMG/NCV is appropriate to determine cause of numbness.