Case Number:	CM15-0174772		
Date Assigned:	09/16/2015	**Date of Injury:**	05/07/2015
Decision Date:	11/06/2015	**UR Denial Date:**	08/21/2015
Priority:	Standard	**Application Received:**	09/04/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 49 year old male, who sustained an industrial injury on 5-7-2015. He reported injury to the low back, right hip, mid back and neck from a motorcycle incident. Diagnoses include right hip pain, strain, lumbar disc disease, and cervicothoracic strain. Treatments to date include activity modification, medication therapy, chiropractic therapy, and acupuncture treatments. Currently, he complained of ongoing low back pain with radiation down bilateral hips associated with numbness and tingling. A Medrol Dosepak was noted to have "minimal effect." He also reported neck pain with radiation down the right shoulder with numbness and tingling in bilateral hands. On 7-13-15, the physical examination documented decreased lumbar range of motion. Decreased sensation was noted in the right shoulder. The lumbar spine MRI dated 7-6-15, significant for lumbar annular tears, degenerative changes, and osteophyte formations. The appeal requested authorization for electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities, MRI of the right hip and MRI of the cervical spine. The Utilization Review dated 8-21-15, denied the request indicating that the medical records did not support that the California MTUS and ODG Treatment Guidelines had been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities qty: 1.00: 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): Special Studies.

Decision rationale: Per ACOEM, Chapter 8, pages 177-178: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. 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. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The patient has evidence of neurologic dysfunction with numbness and tingling of the upper extremities. Symptoms have lasted longer than four weeks. EMG is medically necessary.

NCS of the bilateral upper extremities qty: 1.00: 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): Special Studies.

Decision rationale: Per ACOEM, Chapter 8, pages 177-178: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. 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. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for

neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. This patient has bilateral upper extremity tingling and numbness. He has evidence of neurologic dysfunction that has lasted for longer than one month. NCV testing is medically necessary.

MRI of the right hip qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Hip.

Decision rationale: Per ODG: Indications for imaging - Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture. Acute and chronic soft-tissue injuries; Tumors. Exceptions for MRI. Suspected osteoid osteoma (See CT) Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets) The patient has a chronic soft tissue injury from his motorcycle accident. MRI is medically necessary to evaluate for his continued pain.

MRI cervical spine qty: 1.00: Overturned

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 (Acute and Chronic).

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

Decision rationale: Per ACOEM, page 178: If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). This patient has evidence of nerve impairment with numbness and tingling of the upper extremities. MRI is medically necessary to evaluate these symptoms.