

<b>Case Number:</b>	CM15-0178356		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 female who sustained an industrial injury on 6-2-05. She had complaints of head, neck, shoulders, hips, and back pain along with disorientation and nausea. According to the medical records she has been treated for ongoing neck, low back, bilateral shoulder pain and vertigo. Treatments include: medications, physical therapy and chiropractic care. Progress report dated 7-27-15 reports continued complaints of vertigo, nausea, headaches, tinnitus, poor balance, poor memory and neck and back pain. Objective findings: spasm, failed romberg, heel to toe walk tests, dizzy concentrating. TMJ range of motion, some clicking laterally, decreased neck and back range of motion. Diagnoses include: status post concussion syndrome with brief loss of consciousness, vertigo, memory loss, depression, cephalgia, TMJ disorder with tinnitus, cephalgia, cervical, thoracic and lumbar. Plan of care includes: request referral to oral surgeon and neuro evaluation. Work status: return to modified work 2-17-15 no driving during dark hours. Temporarily totally disabled is not available. Follow up in 4-6 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.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this imaging study for this patient. The California MTUS guidelines state regarding special studies of the Cervical spine, 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, and clarification of the anatomy prior to an invasive procedure. Regarding this patient's case, the documentation provided does not suggest any significant change in symptoms. No new red flags are documented. No evidence of change in neurological dysfunction or tissue insult from prior exams. Likewise, there is no indication of radiculopathy and there is no documentation of a planned eminently invasive procedure. Therefore, based on the submitted medical documentation, the request for an MRI of the cervical spine is not medically necessary.

**Computerized vestibular posturography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna - Dynamic Posturography; [http://www.aetna.com/cpb/medical/data/200\\_299/0238.htm](http://www.aetna.com/cpb/medical/data/200_299/0238.htm).

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS/ACOEM Guidelines do not specifically address balance retraining and posturography. Therefore, the Official Disability Guidelines were supplemented. The ODG recommends balance retraining for patients with vestibular complaints, such as dizziness and balance dysfunction, that is associated with a traumatic brain injury and concussion. The patient's complaints of dizziness do not correspond to his mechanism of injury or injured body regions. There was also no documentation that the patient had any balance dysfunction. Furthermore, ODG states that computerized dynamic posturography provides information on the degree of imbalance present in an individual, usually those with mild traumatic brain injury. However, posturography is insensitive to vestibular disorders, and normal posturography should not be considered indicative of normal vestibular function. The guidelines state that these objective measurement techniques should be used to assess the clinical complaints of imbalance in patients with traumatic brain injury. Again, the patient has no history of traumatic brain injury, therefore, not establishing the need for these tests. As such, the request is not indicated. Therefore, based on the submitted medical documentation, the request for CT vestibular posturography is not medically necessary.

**Physical therapy, neck, upper back (8 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines also state that practitioners should, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. This patient has previously had physical therapy since her injury in 2005. Additional sessions are being requested due to persistent patient complaints of cervicgia and pain. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Documentation of functional improvement with prior therapies is also not documented. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that EMG is not recommended if radiculopathy is already clinically obvious. Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient does not have any clinically obvious, sensory deficits on physical exam. Radiculitis has not been diagnosed in the medical documentation. Reportedly mild sensory changes in the elbow have not been treated with conservative measures, including bracing or injection therapy. Therefore, based on the submitted medical documentation, the request for right upper extremity EMG testing is not medically necessary.

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that EMG is not recommended if radiculopathy is already clinically obvious. Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient does not have any clinically obvious, sensory deficits on physical exam. Radiculitis has not been diagnosed in the medical documentation. Reportedly mild sensory changes in the elbow have not been treated with conservative measures, including bracing or injection therapy. Therefore, based on the submitted medical documentation, the request for left upper extremity EMG testing is not medically necessary.

**NVC right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are not recommended with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury, also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. This patient has clinical symptoms of elbow and shoulder pain with cervicalgia. Per ODG, NCV is not indicated for the bilateral upper extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury there is also no documentation that this patient has failed conservative measures with splinting or injection therapy. Therefore, based on the submitted medical documentation, the request for right upper extremity nerve conduction studies is not medically necessary.

**NCV left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are not recommended with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury, also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. This patient has clinical symptoms of elbow and shoulder pain with cervicgia. Per ODG, NCV is not indicated for the bilateral upper extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury there is also no documentation that this patient has failed conservative measures with splinting or injection therapy. Therefore, based on the submitted medical documentation, the request for right upper extremity nerve conduction studies is not medically necessary.