

<b>Case Number:</b>	CM15-0026313		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old woman sustained an industrial injury on 8/13/2014. The mechanism of injury was not detailed. Current diagnoses include scalp contusion, cervical strain, thoracic strain, lumbar strain, right upper arm strain, right elbow laceration, bilateral hip strain, and bilateral achilles tendon strain. Treatment has included oral medications. Physician notes on a PR-2 dated 12/14/2014 show continued pain to the cervical, thoracic, and lumbar spine. Recommendations include the testing in dispute as well as medications. The report appears to be write thorough, however, it is difficult to read as it is handwritten and is a bad copy. On 1/27/2015, Utilization Review evaluated prescriptions for MRI of the cervical and lumbar spine and EMG of right upper and lower extremities, that was submitted on 2/9/2015. The UR physician noted that all conservative measures should be completed prior to considering diagnostic testing. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI of the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Low Back -- Lumbar and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**Decision rationale:** Guidelines recommend that all conservative care measures be completed prior to performing diagnostic testing. In this case, the patient suffered a recent injury in August of 2013 resulting in decreased sensation in cervical and lumbar/sacral dermatomes. She has not yet completed a full course of conservative management including 5 additional chiropractic sessions. In addition, there are no red flags. Thus the request for an open MRI cervical spine and lumbar spine is not medically necessary and appropriate.

**EMG/NCV of RUE and RLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261, 303, 309. Decision based on Non-MTUS Citation Neck and upper back. Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2004). 157 pages; Official Disability Guidelines, EMG/NCS / Lumbar chapter.

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

**Decision rationale:** Nerve conduction and electromyography studies are not recommended by guidelines when a patient's symptoms are radicular in nature as in this case. In addition, the patient has not yet undergone a full course of conservative management. Since there are no red flags, guidelines recommend that all conservative measures should be completed before considering invasive procedures such as EMG/NCV. The request for EMG/NCV RUE and RLE is not medically necessary and appropriate.