Case Number:	CM16-0235991		
Date Assigned:	12/13/2016	**Date of Injury:**	10/12/2016
Decision Date:	01/11/2017	**UR Denial Date:**	11/08/2016
Priority:	Standard	**Application Received:**	12/07/2016

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: Texas,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 55 year old female, who sustained an industrial injury on 10-12-2016. The diagnoses include neck pain, cervical degenerative disc-joint disease, cervical radiculopathy, bilateral carpal tunnel syndrome, de Quervain's disease, and de Quervain's fracture of the right wrist. Per the doctor's note dated 12-21-16, she had neck pain at 7/10. The patient has started physical therapy. According to the progress report dated 10-26-2016, the injured worker presented with complaints of neck pain with radiation into her shoulders and hands, associated with tingling and numbness. The physical examination of the cervical spine revealed tenderness over the bilateral paraspinal muscles with spasm, limited range of motion, and positive Spurling's. Examination of the bilateral wrists revealed positive Tinel's, mildly weak grip, and Finkelstein's on the right. The current medications are Motrin and Diazepam. Previous diagnostic studies include x-rays and CT scan (10-12-2016) of the cervical spine. The treating physician described the X-rays as degenerative disc-joint disease. The CT report showed S-shaped curvature of the cervicothoracic spine with some spurring in the mid and upper thoracic spine. No compression fractures. Treatments to date include medication management and physical therapy. Work status is described as not working. The original utilization review (11-8-2016) had non-certified a request for MRI of the cervical spine and electromyography and nerve conduction velocity of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI), Indications for imaging.

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

Decision rationale: The MTUS/ACOEM (Neck and Upper Back Complaints) guidelines recommend "MRI or CT to evaluate red-flag diagnoses, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify progression of neurological deficits in this patient. Details regarding failure to a complete course of conservative therapy including physical therapy and appropriate medications including an antidepressant and anticonvulsant is not specified in the records provided. In addition, the patient has had a cervical CT scan dated 10-12-16 which revealed S-shaped curvature of the cervicothoracic spine with some spurring in the mid and upper thoracic spine and no compression fractures. Significant changes in signs and symptoms since this diagnostic study that would require cervical MRI is not specified in the records provided. It is deemed that the request for MRI (magnetic resonance imaging) of the cervical spine is not medically necessary, based on the records provided.

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute & Chronic) Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2016, Section(s): Electro-diagnostic testing (EMG/NCS).

Decision rationale: The MTUS 2016 Chronic Pain Medical Treatment Guidelines state, "Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be

made by electro diagnostic studies." In addition, Per the MTUS/ACOEM (neck and upper back complaints) guidelines, "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 patient had neck pain with radiation into her shoulders and hands, associated with tingling and numbness. The physical examination of the cervical spine revealed a positive Spurling's sign. Examination of the bilateral wrists revealed positive Tinel's, mildly weak grip. The patient had objective evidence of cervical radiculopathy and median neuropathy. The patient has already had conservative treatment. At this point an electro diagnostic study is deemed medically appropriate and necessary to clarify the cause of the patient's neurological symptoms since this would guide further management. It is deemed that the request for EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities is medically necessary based on the records provided.