Case Number:	CM17-0003623		
Date Assigned:	01/10/2017	Date of Injury:	11/07/2016
Decision Date:	02/07/2017	UR Denial Date:	12/12/2016
Priority:	Standard	Application Received:	01/05/2017

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 48 year old female, who sustained an industrial-work injury on 11-7-16. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, bilateral shoulder strain and sprain with impingement, bilateral elbow lateral epicondylitis, and bilateral wrist strain and sprain with underlying carpal tunnel syndrome. Treatment to date has included topical analgesic, chiropractic, massage, of work and other modalities. Medical records dated 12-1-16 indicate that the injured worker reports that chiropractic treatments have helped but continues with bilateral hand and arm pain with weakness and increased pain with prolonged positions. The physician indicates that with increased activities of daily living (ADL'S) such as cooking, cleaning, pushing and pulling the injured worker gets numbness down both arms. The medical record dated 11-10-16 indicates that the injured worker first noticed pain in the left elbow about 3 years ago and then developed pain in the neck, left shoulder, left elbow and left wrist. About 4 months ago the injured worker was having pain in the left upper extremity (LUE) so she was primarily using the right upper extremity (RUE) to do her job duties and then developed pain in the right shoulder, elbow and wrist. Per the treating physician report dated 12-1-16 the injured worker is currently off work. The physical exam reveals positive Tinel's at the elbow and wrist, 4 out of 5 strength and decreased sensation C5 and C6 dermatomes. The Request for Authorization dated 12-1-16 included MRI for the cervical spine and nerve conduction studies (NCV)-EMG of the bilateral upper extremity. The medical records do not reveal any red flags noted by the treating physician or neurological deficits pertaining to the cervical spine. There is no recent significant change in

symptoms or findings suggestive of significant pathology. There is insufficient documentation of neurologic dysfunction, such as deficits in dermatomal sensation, motor strength or reflexes. The Utilization Review on 12-12-16 non-certified the request for MRI for the cervical spine and nerve conduction studies (NCV)-EMG of the bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations, Summary.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine, such as a bone fusion approached from the back, in the past. The submitted and reviewed documentation indicated the worker was experiencing right knee pain; problems sleeping; neck pain; numbness and tingling in the arms; headaches; pain in the shoulders and elbows; and hand pain with numbness, tingling, and weakness. There was no discussion recorded recent to the request detailing findings consistent with a specific nerve problem in this area of the back, suggesting this study was needed in preparation for surgery, demonstrating any other supported issues, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.

NCV/EMG of the bilateral upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Shoulder Complaints 2004, Section(s): Surgical Considerations, Summary, and Elbow Complaints 2007, Section(s): 326, Diagnostic Criteria, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Diagnostic Criteria, Summary, and Chronic Pain Medical Treatment 2016, Section(s): Diabetic neuropathy, Electrodiagnostic testing (EMG/NCS).

Decision rationale: The MTUS and ACOEM Guidelines support using electrodiagnostic studies when someone is experiencing neurologic symptoms that are suspicious for a trapped nerve or for clarifying symptoms suspicious for either a radiculopathy or a diabetic polyradiculopathy. These studies can also be helpful in diagnosing early chronic regional pain syndrome type II. Nerve conduction velocity studies (NCV or NCS) can be helpful in diagnosing carpal tunnel syndrome when there are suspicious but nonspecific findings; however, electromyography (EMG) is not helpful in this situation. Needle EMG (not a surface study) can be helpful in diagnosing a radiculopathy when there are ongoing subtle but suspicious neurologic findings after at least a month of conservative treatment. This study is not needed if the diagnosis is clinically obvious; NCV testing is not helpful in demonstrating a radiculopathy. The submitted and reviewed documentation reported the worker was experiencing right knee pain; problems sleeping; neck pain; numbness and tingling in the arms; headaches; pain in the shoulders and elbows; and hand pain with numbness, tingling, and weakness. There was no discussion or detailed physical examination findings documented recent to the request suggesting subtle neurologic findings or any of the above conditions or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) testing of both arms is not medically necessary.