

<b>Case Number:</b>	CM13-0008087		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35 year old female with date of injury 08/27/2012. The treating physician report dated 04/11/2013 indicates that the patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. Range of motion results found on the primary treating physician's report dated 06/25/13 showed lumbar extension of 20/25, with flexion being in normal range. Right shoulder range of motion tests reveal flexion of 120/180, extension 30/50, abduction 100/180, adduction 40/50, internal rotation 90/90, and external rotation 70/90. Prior treatment history includes medical exams, home exercises, urinalysis test, and labs. The patient has been on modified work which includes no lifting over 20 lbs and no excess use of her right hand/arm/shoulder. MRI report dated 05/09/2013 reveal type II acromion, rotator cuff intact, no evidence of a labral tear, and no fracture/dislocation/osteoarthritis of the right glenohumeral joint. The current diagnoses are: 1. Right shoulder sprain/strain 2. Right ulnar neuropathy 3. Right shoulder impingement syndrome 4. Lumbar sprain/strain The utilization review report dated 07/03/2013 denied the request for Follow-up, Urinalysis Lab, Right shoulder subacromial steroid injection, Electromyography right upper extremity, Nerve conduction velocity right upper extremity, MRI lumbar spine, and Gabapentin based on insufficient documentation and guidelines not being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis Lab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. The current request is for a Urinalysis Lab. The MTUS Guidelines states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." However, this is for opiates use and monitoring and this patient is not prescribed any opiates. There would be no reason for a drug screening since opiate is not being prescribed. The request is not medically necessary.

**Right Shoulder Subacromial Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Shoulder chapter for Steroid Injections.

**Decision rationale:** The patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. The current request is for a Right shoulder subacromial steroid injection. The ODG guidelines recommend steroid injection of the shoulder for diagnoses of adhesive capsulitis, impingement syndrome, or rotator cuff problems with proper documentation of all criteria being met. In this case the treating physician has diagnosed the patient with right shoulder impingement, conservative treatments were not effective and the pain is interfering with work activities. ODG guidelines were met. Therefore, the request is medically necessary.

**Electromyography Right Upper Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. The current request is for an Electromyography right upper extremity. ACOEM Practice Guidelines states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case the treating physician has documented that the patient has

complaints of right shoulder, arm and hand pain with paresthesia and weakness affecting the right upper extremity. The treating physician requested an EMG/NCV study of the right upper extremity due to the working diagnoses of carpal tunnel syndrome and shoulder impingement syndrome. There is no documentation of any prior electrodiagnostic studies previously performed. Therefore, the request is medically necessary.

### **Nerve Conduction Velocity Right Upper Extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter.

**Decision rationale:** The patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. The current request is for a Nerve conduction velocity right upper extremity. ACOEM Practice Guidelines states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS)... NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case the treating physician has documented that the patient has complaints of right shoulder, arm and hand pain with paresthesia and weakness affecting the right upper extremity. The treating physician requested an EMG/NCV study of the right upper extremity due to the working diagnoses of carpal tunnel syndrome and shoulder impingement syndrome. There is no documentation of any prior electrodiagnostic studies previously performed. Therefore, the request is medically necessary.

### **MRI Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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:** The patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. The current request is for a MRI lumbar spine. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy and other red flags. The primary treating physician in this case has indicated that the patient presents with lower back pain and there is mention of subjective paresthesia of the lower extremities with a diagnosis of radiculopathy, clinical, lumbar spine. However, the patient has near normal lumbar ranges of motion and there is no documentation of any objective testing to indicate that radiculopathy may be present. The treating physician has also not documented that any red flags are present during the examination that would warrant a lumbar MRI. The request is not medically necessary.

**Gabapentin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**Decision rationale:** The patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. The current request is for Gabapentin. The MTUS guidelines state "effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". In this case the treating physician has documented that the patient has complaints of paresthesia affecting the legs and right upper extremity. While this patient may require an initial trial of Gabapentin, the current request does not specify the frequency or duration of the prescription, thus rendering this request as an invalid prescription. The request is not medically necessary.

**Follow-up:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** The patient presents with pain affecting right hand, arm, and shoulder as well as her lumbar spine. The current request is for a follow-up visit. MTUS guidelines state "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health." Evaluation of patient, review of reports, and providing a narrative report is part of a normal reporting and monitoring duties to manage patient's care. Therefore, the request is medically necessary.