

<b>Case Number:</b>	CM13-0017168		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/02/2002
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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:

Patient is a 57 year-old female with date of industrial injury on 5/2/2002. The patient has diagnoses of cervical radiculopathy and left shoulder impingement tendinitis. Treatment to date has included medication, modification of activities and a home exercise program. Previous MRI of the cervical spine on 8/28/2006 revealed mild cervical spondylosis with protrusions most notable at C4-C6. Patient has subjective complaints of left shoulder pain with numbness and tingling sensations. Physical exam findings include, shoulder tenderness, crepitus, limited range of motion, paresthesia in 1-3 fingers, and 4/5 strength in the left shoulder. Also a positive Hawkins and Speed's test positive on the left. The medical records do not indicate previous corticosteroid injections or previous or ongoing physical therapy. A previous peer review non-certified an MRI of the left shoulder and cervical spine and EMG on 4/25/2013. Medical records do not indicate any significant change in symptoms or deterioration since prior MRI exams in 2005-2006.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** ACOEM guidelines support imaging for the shoulder if there is failure of a 4-6 week period of conservative care and observation fails to improve symptoms, or if red flag conditions are present. There is no evidence that patient has undergone conservative care measures, such as recent physical therapy or a trial of corticosteroid injections. Proceeding to special imaging should be pursued only after conservative care measures are completed. Therefore, MRI of the left shoulder is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back , MRI

**Decision rationale:** This patient had previously undergone an MRI of the cervical spine in 2005 and 2006. Since these studies, there is no evidence that a significant change in symptoms or deterioration has occurred. There is also no evidence of recent course of conservative measures, such as physical therapy. ACOEM/ODG guidelines recommend imaging for emergent red flag symptoms, or evidence of worsening tissue insult or neurologic dysfunction, or failure of improvement despite compliance to therapeutic regimen. Since patient has previously documented MRI findings without any evidence of worsening symptoms or deterioration, an MRI of the cervical spine is not medically necessary.

**electromyography (EMG) of the upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, EMG

**Decision rationale:** Prior records indicate that the patient had previous EMG/NCV and that no established outcome was identified from these studies. While ACOEM recognizes that EMG/NCV studies can differentiate between CTS and cervical radiculopathy, if no clear outcome was established on previous studies, repeat examination would not be warranted. ODG guidelines indicate electrodiagnostic studies are not necessary if there is intervertebral disk disease with radiculopathy, but should be used in differentiating other types of neuritis or neuropathy. This patient has MRI findings of intervertebral disc disease and the expected corresponding radiculopathy, without worsening neurological deterioration. Therefore, this test is not medically necessary.

**nerve conduction study (NCS) of upper extremities:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Upper Neck And Back, Electrodiagnostic Studies.

**Decision rationale:** Prior records indicate that the patient had previous EMG/NCV and that no established outcome was identified from these studies. While ACOEM recognizes that EMG/NCV studies can differentiate between CTS and cervical radiculopathy, if no clear outcome was established on previous studies, repeat examination would not be warranted. ODG guidelines indicate electrodiagnostic studies are not necessary if there is intervertebral disk disease with radiculopathy, but should be used in differentiating other types of neuritis or neuropathy. This patient has MRI findings of intervertebral disc disease and the expected corresponding radiculopathy, without worsening neurological deterioration. Therefore, this test is not medically necessary.