

<b>Case Number:</b>	CM13-0035809		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/05/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with chronic neck pain after an injury on 2/5/12. She was seen by her primary treating physician on 9/6/13 with complaints of pain in her right shoulder, neck with radiation to her upper extremities and fingers and into her lower extremities. Her physical exam showed cervical spine pain at end range of motion and tenderness to palpation on the right > left paracervicals, right shoulder / trapezius/AC joint with shoulder limitations in range of motion, lumbar spine tenderness and myospasms, right wrist positive Tinels' and positive straight leg raises bilaterally. She had an essentially normal nerve conduction study of the upper and lower extremities in 2012. Her diagnoses were right shoulder impingement syndrome /strain/sprain, cervical, right wrist and lumbar spine strain/sprain. The treatment plan which is at issue in this review included referrals to a spine surgeon for evaluation of herniated cervical and lumbar discs, NCS/EMG of the bilateral upper extremities to rule out radiculopathy and an orthopedic evaluation of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINE SURGEON EVALUATION:** 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 Chronic Pain Treatment Guidelines Neck and Back Page(s): 165-194 and 287-328.

**Decision rationale:** This injured worker has chronic back, neck and shoulder pain. There are no red flag symptoms or signs on physical exam which would be indications for immediate referral. She has had numerous tests including normal EMG/NCV studies in 2012. Prior MRIs confirmed cervical and lumbar disc disease. Per the MTUS, surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a spine surgeon evaluation. The request for spine surgeon evaluation is not medically necessary.

**ORTHOPEDIC EVALUATION:** 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 9 Shoulder Complaints Page(s): 195-224.

**Decision rationale:** This injured worker has chronic back, neck and shoulder pain. There are no red flag symptoms or signs on physical exam which would be indications for immediate referral. She has had numerous tests including normal EMG/NCV studies in 2012. There are no red flag symptoms or signs which would be indications for immediate referral. Per the MTUS, surgery is considered for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The medical records do not support the medical necessity of an orthopedic evaluation. The request for orthopedic evaluation is not medically necessary.

**NCV OF THE BILATERAL UPPER EXTREMITIES:** 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 Chronic Pain Treatment Guidelines chapter 8 Page(s): 165-193.

**Decision rationale:** 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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). This injured worker has already had a cervical

and lumbar MRI to identify structural abnormalities and essentially normal NCS in 2012. The records do not support the medical necessity for NCV of the bilateral upper extremities.

**EMG OF THE BILATERAL UPPER EXTREMITIES:** 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 Chronic Pain Treatment Guidelines chapter 8 Page(s): 165-193.

**Decision rationale:** The Expert Reviewer's decision rationale: 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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). This injured worker has already had a cervical and lumbar MRI to identify structural abnormalities and essentially normal NCS in 2012. The records do not support the medical necessity for an EMG of the bilateral upper extremities.