

<b>Case Number:</b>	CM13-0042097		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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; Pain Management has a subspecialty in Interventional Spine 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 56 year old male with date of injury 1/15/09. The treating physician report dated 10/2/13 indicates that the patient has pain affecting neck 9/10, right shoulder 8/10 and lumbar 9/10. The patient had left shoulder arthroscopic decompression and partial distal claviclectomy 2 months ago with continued pain rated an 8/10. The current diagnoses are: 1.Chronic cervical spondylosis 2.Chronic lumbar spondylosis with DDD L4/5 and L5/S1 with disc herniations L4/5 and L5/S1 3.Right shoulder post traumatic arthrosis of the A/C 4.Left shoulder post traumatic arthrosis of the A/C The utilization review report dated 10/11/13 denied the request for lumbar MRI and EMG/NCV of the lower extremities based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

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

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

**Decision rationale:** The patient presents with chronic neck, bilateral shoulder and lumbar pain. He is 2 months post left shoulder arthroscopic decompression and partial distal claviclectomy. The examination findings noted in the 10/2/13 report state: "The patient's back is stiff and guarded with motor and sensory examinations appears to be slightly decreased on the right." The treating physician also states that the patient previously had a lumbar MRI 1 ½ years ago that showed a 4mm disc herniation at L4/5, 3mm herniation at L5/S1 and 3mm herniation at L3/4. There is no documentation of any significant changes in the patient's condition or exacerbation. The MTUS guidelines do not address MRIs. The ODG guidelines state: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g, tumor, infection, fracture, neuro-compression, recurrent disc herniation)." The physician report reviewed does not provide any compelling rationale as to why a repeat MRI is medically necessary. The request is not certified.

**EMG/NCV bilateral lower extremities and back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic(Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic studies (EDS).

**Decision rationale:** The patient presents with chronic neck, bilateral shoulder and lumbar pain. He is 2 months post left shoulder arthroscopic decompression and partial distal claviclectomy. The examination findings noted in the 10/2/13 report state: "The patient's back is stiff and guarded with motor and sensory examinations appears to be slightly decreased on the right." The treating physician also states that the patient previously had a positive EMG in 2010 that showed bilateral L4/5 radiculopathy. There is no documentation of any significant changes in the patient's condition or exacerbation. The rationale for the request of a repeat EMG/NCV is that it has been 3 years since the patient has been seen by his spine surgery consultant. The MTUS guidelines do not address electrodiagnostic studies. The ODG guidelines for electrodiagnostic studies state "The number of tests performed should be the minimum needed to establish an accurate diagnosis." The documentation provided does not indicate that the patient has had any changes in his condition and the patient was previously diagnosed with L4/5 radiculopathy. The request is not certified.