

<b>Case Number:</b>	CM14-0108534		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 & 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 injured worker is a 47-year-old male who reported an injury on 10/01/2012. Reportedly, while working as a janitor, he slipped and fell in some grease and sustained injuries to his right hand, right hip, right upper extremity, neck, and low back. The injured worker's treatment history included a cervical MRI, physical therapy, anti-inflammatory medications, a carpal tunnel brace, chiropractic treatments, acupuncture sessions, transcutaneous electrical nerve stimulation (TENS) unit, and x-rays. On 01/09/2013 the injured worker underwent electromyography and nerve conduction velocity (EMG/NCV) studies of the upper extremities that revealed evidence of bilateral carpal tunnel syndrome and early mild peripheral neuropathy. EMG studies were negative for evidence of radiculopathy. The injured worker is a diabetic. On 12/21/2012 the injured worker underwent an MRI of the lumbar spine that revealed an old compression fracture at L4 and spondylotic changes at L1-2 and L5-S1. On 06/04/2014 the injured worker was evaluated, and it was documented that the injured worker complained of neck pain radiating to the shoulder; right shoulder pain and weakness; right elbow pain with numbness/tingling in the thumb, index and long fingers, and positive sign; right hip pain with stiffness, clicking, and catching; and low back pain, with pain, numbness, and weakness in the right leg. On physical examination, bilateral trapezius tenderness was noted. Paracervical range of motion was limited. Neurogenic compressions tests were positive on the right side. Marked tenderness was noted over the anterior aspect of the right shoulder, and shoulder range of motion was limited. Supraspinatus strength was 4+/5. Impingement test and drop arm test was positive. Grip strength was limited bilaterally. Sensation was reduced in all 5 fingers of the dominant right hand, and 2 point discrimination was 7 mm in all 5 fingers. There was tenderness over the right lateral epicondyle, and Tinel's sign was positive at the elbow. There was dysesthesia of the ulnar nerve at the cubital tunnel. Elbow range of motion was full and motor strength was 5+.

Tenderness, clicking, and catching of the radioulnar joint was noted. Phalen's test, Tinel's test at the carpal tunnel, and carpal tunnel compressions test were positive. There was tenderness of the right hip, with mild clicking and catching. Sensation was reduced along the dorsal aspect of the right foot, and straight leg raising test was positive at 60 degrees on the right. Diagnoses included rotator cuff tear of the right shoulder, clinical evidence of lateral epicondylitis of the right elbow with possible cubital tunnel syndrome, carpal tunnel syndrome of the right wrist with possible triangular fibrocartilage tear, disc herniation of the cervical spine at the C5-6 level, right hip strain, and disc herniation of the lumbar spine at the L5-S1 level. The Request for Authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There is lack of evidence of failed conservative care treatment submitted for the injured worker. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request is not medically necessary.

**MRI right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Special Studies and Diagnostic and Treatment Considerations, Elbow, page 601-602.

**Decision rationale:** The request is not medically necessary. ACOEM Guidelines' criteria for ordering imaging studies are: imaging study results will substantially change the treatment plan; emergence of red flag; failure to progress in a rehabilitation program; evidence of significant tissue insult or any urologic dysfunction that has been shown to be correctable by invasive treatment; and agreement by the patient to undergo an invasive treatment if the presence of the correctable lesion is confirmed. There is a lack of objective findings identifying emergence of a

red flag. There is a lack of evidence of a failure of conservative care treatment submitted for the injured worker. As such, the request for MRI right elbow is not medically necessary.

**Nerve conduction velocity (NCV) right upper extremity (RUE) IW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for NCV RUE IW is not medically necessary. California MTUS/ACOEM state that 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 Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and metanalysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/nerve conduction studies often has low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCV. Upper extremity EMG/NCV studies confirmed a diagnosis of right carpal tunnel syndrome and were negative for evidence of radiculopathy. A change in the injured worker's clinical findings which would support performance of repeat electrodiagnostic studies at this point in care is not indicated. As such, the request for NCV RUE injured worker is not medically necessary.

**EMG RUE IW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an EMG RUE IW is not medically necessary. California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The previous upper extremity EMG/NCV studies confirmed a diagnosis of right carpal tunnel syndrome and were negative for evidence of radiculopathy. A change in the injured worker's clinical findings which would support the performance of repeat electrodiagnostic studies at this point in care is not indicated. As such, the request for EMG RUE injured worker is not medically necessary.