

<b>Case Number:</b>	CM14-0154434		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational Medicine, has a subspecialty in Environmental Medicine and is licensed to practice in Ohio. 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:

This individual is a 56 year old male who sustained an industrial injury on 4/22/13 involving his neck, low back and shoulders. It is mentioned in the provided record that he had an earlier work related injury resulting in an inguinal hernia which was repaired without issue. He has ongoing complaints of low back pain (8-9/10) with radicular symptoms, right shoulder pain, weakness and paresthesia to the right arm and right sided neck pain. Latest physical examination found in the provided medical record notes paracervical tenderness, decreased cervical range of motion and a positive Spurling's test. Also right shoulder tenderness with positive Speed's and Yergason's testing. In the lumbar region paravertebral tenderness with spasm is noted along with a reduced range of motion (not defined) and positive straight leg raise test on the right. Extremity strength, sensation and deep tendon reflexes were all within normal limits. The available medical record contains a notation of cervical radiographs performed on 5/27/14 that show minimal degenerative changes at C5-6 and C6-7 a second radiographic series from 7/1/14 had similar findings at C5-6. Right shoulder radiographs performed on 5/27/14 demonstrate mild degenerative arthritis; lumbar radiographs from the same day show no abnormality. A later series of lumbar radiographs (7/1/14) demonstrated minimal spondylosis at L2-3 and mild facet arthropathy. Accompanying orthopedic notes strongly suggest that these are chronic changes not related to employment. Shoulder MRI done on 8/1/13 showed a possible SLAP lesion in addition to AC degenerative changes. A lumbar MRI from the same day found disc dessication at L3-4 and L4-5 but no evidence of any herniation, foraminal narrowing or stenosis. An MRI of the C-spine from 7/1/14 found a right central disc protrusion with mild canal stenosis and facet arthropathy. Physical therapy has been utilized as have pain medications and home exercise. This request is for additional imaging of the lumbar and cervical spine, additional shoulder physical therapy and upper and lower body electro-diagnostic testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **X-Rays Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM: Cervical & Thoracic Disorders

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

**Decision rationale:** MTUS and ODG both agree that "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." The medical notes provided did not document any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG further specifies other indications for imaging with Plain X-rays: Lumbar spine trauma (a serious bodily injury): pain, tenderness Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70 Uncomplicated low back pain, suspicion of cancer, infection Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, infectious disease patient Myelopathy, oncology patient Post-surgery: evaluate status of fusion The treating physician does not indicate any concerns for the above ODG pathologies. Further, an MRI of the region is noted to have been performed previously which should obviate the need for radiographs. As such, the request for X-Ray of the Lumbar Spine is not medically necessary.

### **X-Rays Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM: Cervical & Thoracic Disorders

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

**Decision rationale:** Per ACOEM guidelines, regarding cervical radiographs; "initial studies are recommended when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended "in the absence of red flags." ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." None of which are noted in the available record concerning this injured worker. Further, an MRI of this region is noted to have been previously completed, as well as previous x-rays, which should obviate the need for additional plain film studies. As such the request for X-rays cervical spine is not medically necessary.

### **EMG Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work loss Data Institute, LLC; Corpus Christi, TX [www.odg-twc.com](http://www.odg-twc.com): Section, Low back-Lumbar & Thoracic (Acute & Chronic)

**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) Pain, Electro-Diagnostic Testing (EMG/NCS)

**Decision rationale:** ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". The available records do not indicate, either on physical examination or imaging studies, that there is evidence of any focal nerve entrapment in the upper extremity. As such the request for EMG of the Bilateral Upper Extremities is not medically necessary.

### **NVC Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work loss Data Institute, LLC; Corpus Christi, TX [www.odg-twc.com](http://www.odg-twc.com): Section, Low back-Lumbar & Thoracic (Acute & Chronic)

**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) Pain, Electrodiagnostic Testing (EMG/NCS)

**Decision rationale:** ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the

neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". The available records do not indicate, either on physical examination or imaging studies, that there is evidence of any focal nerve entrapment in the upper extremity. As such the request for NCV of the Bilateral Upper Extremities is deemed not medically necessary.

**EMG Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work loss Data Institute, LLC; Corpus Christi, TX www.odg-twc.com: Section, Low back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic Testing (EMG/NCS)

**Decision rationale:** ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". There is a positive right straight leg raise test noted in the record, but physical examination shows no other relevant neurological findings, MRI findings also do not support further electro-diagnostic efforts. As such the request for EMG of the Bilateral Lower Extremities is not medically necessary.

**NVC Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work loss Data Institute, LLC; Corpus Christi, TX www.odg-twc.com: Section, Low back-Lumbar & Thoracic (Acute & Chronic)

**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) Pain, Electrodiagnostic Testing (EMG/NCS)

**Decision rationale:** ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results. This is a repeat request already addressed above. The request for NCV of the Bilateral Upper Extremities is not medically necessary.

## **12 Physical Therapy Visits for Right Shoulder, Cervical Spine, and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work loss Data Institute, LLC; Corpus Christi, TX [www.odg-twc.com](http://www.odg-twc.com): Section, Low back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 196-219, 287-315, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Additional sessions may be warranted based on the progress during the initial treatment sessions. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Progress notes make no mention as to the progress of the patient's shoulder or his response to physical therapy as it pertains to his request, no exceptional factors are noted, the assessment following his initial physical therapy trial is not provided and the range of motion of the shoulder seems to be improving without this modality. As such, the request for 12 Physical Therapy Visits is not medically necessary.