

<b>Case Number:</b>	CM14-0185030		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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, 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:

This is a 42 year-old female who has reported neck, back, shoulder, and extremity pain after an injury on 4/3/13. The diagnoses have included sprains of the cervical and thoracic spine, shoulder impingement, and carpal tunnel syndrome. She has been treated by multiple physicians, and some of the records provide conflicting information. For example, the current treating physician reports radiating symptoms and paresthesias while the earlier reports around the time of injury noted the lack of any neurological signs or symptoms. Records from 2013 to 2014 from the prior treating physicians document episodes of neck, shoulder, and wrist pain; lack of objective evidence of any significant pathology, episodic use of analgesics, treatment with chiropractic and physical therapy, cervical MRI and radiographs, wrist radiographs, and shoulder radiographs. None of the radiographs or the MRI showed significant pathology. The current treating physician's reports are from 9/23/14 and 10/28/14. The injured worker was stated to have had prior treatment by other physicians, including unspecified medication, 6 sessions of physical therapy followed by further courses of physical therapy, and chiropractic care. She was reported to have had radiographs of the neck, shoulders, wrists, and hands. Nerve conduction tests were performed at another facility. The injured worker was stated to have ongoing head, neck, shoulder, hand, and wrist pain with unspecified paresthesias. Medications included analgesics (including Norco) and others for diabetes with the metabolic syndrome. There was limited neck range of motion and neck tenderness. The thoracic spine examination was normal. Impingement signs were present at the shoulders. Shoulder range of motion was full without pain. Median nerve compression test at the wrists was positive and there was tenderness of the wrists. The neurological examination was normal. The record review included an NCV of the upper extremities that was normal. Cervical radiographs and MRIs in 2013 were normal. The diagnoses were cervical and thoracic strains, rule out cervical radiculopathy, rule out carpal tunnel

syndrome, and shoulder impingement. The treatment plan included the tests now under Independent Medical Review, with no specific indications discussed for any of the tests. The prescription of 9/23/14 was for "electrodiagnostic testing" to "r/o radiculopathy, CTS". The Request for Authorization of 9/30/14 was for an EMG/NCV of the upper extremities, with a listed diagnosis of cervical sprain. On 11/4/14 Utilization Review non-certified the tests now under Independent Medical Review. The Utilization Review noted the lack of sufficient clinical information and indications as would be required in the cited MTUS and Official Disability Guidelines.

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

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

#### **Bilateral upper extremities EMG/NCV: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178; 182; 261; 268; 272.

**Decision rationale:** There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. The treating physician has not provided clear clinical evidence of radicular signs and symptoms. The neurological examination was reported as normal, with no specific deficits. The treating physician listed one positive test for carpal tunnel syndrome but did not discuss this further. The treating physician did not discuss the results of the prior electrodiagnostic testing and reasons why it should be repeated. The treating physician did not discuss the results of prior imaging tests and reasons why radiculopathy might be present in the face of a normal MRI. The treating physician did not discuss any prior failure of treatment for carpal tunnel syndrome or a plan for a course of conservative care of carpal tunnel syndrome beyond the use of splints. The ACOEM Guidelines Pages 268 and 272 recommend an NCS after failure of conservative treatment for 4-6 weeks. Possible treatment for CTS includes splinting, injection with steroid, medications, work modifications, and exercises (see pages 264-5). In this case there is no record of such conservative care prior to recommending the repeat NCS. Page 272 of the ACOEM Guidelines states that an NCV is the recommended test for CTS. Page 261 lists the recommended components of electrophysiologic testing for CTS. These include the NCS determinations around the wrist, not an EMG. No physician report explains why an EMG is necessary for this injured worker. The electrodiagnostic testing is not medically necessary based on the MTUS recommendations as discussed above.

#### **MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI cervical spine

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

**Decision rationale:** The ACOEM Guidelines portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The prior MRI was normal for age. There have not been any significant changes in this patient's clinical presentation since that MRI, and the treating physician did not discuss why a repeat MRI was necessary. The MRI is not medically necessary based on the recommendations in the MTUS and the prior normal MRI.

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 177, 182.

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

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine, per the citations above. Imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The examination of the thoracic spine was normal. The MRI is not medically necessary based on the recommendations in the MTUS and the lack of evidence for significant pathology in the thoracic spine.

**MRI of the bilateral shoulders:** 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), MRI shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The MTUS-ACOEM Guidelines, pages 207-9, discuss the criteria for imaging of the shoulder. Special studies are not needed unless there has been a 4-6 week period of conservative care. Exceptions to this rule include the specific bony pathology listed on page 207, and neurovascular compression. The available reports do not adequately explain the kinds of conservative care already performed. The injured worker currently has non-specific, non-

articular, regional pain, which is not a good basis for performing an MRI. Range of motion and strength were normal. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the MTUS. The radiographs were normal. The MRI is not medically necessary based on the MTUS recommendations.

**MRI of the bilateral wrists:** 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), MRI wrist/hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254-258; 268-269.

**Decision rationale:** The ACOEM Guidelines pages 254-258 list the criteria for examining the hand and wrist. The necessary components of the examination are not present. The specific historical details of any wrist symptoms are not described sufficiently. Per Page 268-269 of the ACOEM Guidelines, special studies are not needed until after a 4-week period of conservative care. Common tests are listed, with indications. Specific care for the wrist was not described adequately. The treating physician has not provided sufficient indications for any imaging test, including an MRI. The treating physician did not address the prior normal radiographs of the wrist. The only positive physical findings at the wrist were non-specific tenderness and the median nerve compression test, neither of which are indications for an MRI. Carpal tunnel syndrome is better assessed using electrodiagnostic tests. The wrist MRIs are not medically necessary based on the lack of sufficient indications and the MTUS.

**Urine drug screen:** 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), urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction: urine drug screen to assess for the use. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, 8/14/08, Chronic Pain, urine drug screens, Page 138

**Decision rationale:** The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen, and did not even mention it in his medical reports. The need for a urine drug screen is not explained. Although an opioid was listed as a current medication, there is no discussion of the current pattern of use (if any), and reasons why a urine drug screen might be indicated. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The treating physician has not listed any other reasons to do the urine drug screen. The details of testing have not been

provided. Such details are important, as there are many kinds of potential tests, some of which are not valid or necessary. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, the lack of any information about the indications, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.