

<b>Case Number:</b>	CM14-0025653		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/17/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation and is licensed to practice in Alabama. 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 76 year old female who was injured on 09/17/2005. The mechanism of injury is unknown. Prior medication history included Lidoderm patches and BioTherm creams. Diagnostic studies reviewed include EMG/NCV dated 02/26/2014 revealed 1) Chronic C7 nerve root irritation on both sides; 2) Entrapment neuropathy of the median nerve at both wrists (carpal tunnel syndrome); 3) No evidence of entrapment neuropathy on the bilateral ulnar and radial nerves; and 4) No evidence to support distal peripheral neuropathy in the upper extremities. Progress report dated 02/11/2014 indicated the patient had complaints of persistent neck and bilateral shoulder pain rated as 7/10, radiating down to both hands. On exam, there was decreased range of motion with flexion at 40 degrees; extension at 50 degrees; right and left rotation were 70; and right and left lateral flexion were 35 degrees. There was tenderness at the trapezius and paraspinal muscles bilaterally. Spurling's test was positive bilaterally. Diagnoses are cervical sprain; right shoulder impingement syndrome, status post arthroscopy, left shoulder impingement syndrome, and status post arthroscopy. The treatment and plan included a request for authorization for Kera-Tek analgesic gel and medication to include Lidoderm patches. Prior utilization review dated 02/17/2014 denied the request for MRI of the bilateral shoulders and MRI of the cervical spine as there was no documented failure of conservative treatments or neurologic deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA OF THE BILATERAL SHOULDERS:** Upheld

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

**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), current online edition, Shoulder Disorders, MRI and Official Disability Guidelines (ODG) - Shoulder, Magnetic resonance imaging (MRI).

**Decision rationale:** The ODG guidelines state that indications for MRI for shoulder evaluation is as follows: acute shoulder trauma, suspect rotator cuff tear/impingement, over age 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per note on 9/30/13 by [REDACTED], the patient underwent left shoulder arthroscopic surgery by [REDACTED] on 9/27/07 with subsequent postoperative physical therapy for approximately 1 year. It reports that in 2010 she was prescribed medication as well as physical therapy. It reports that on 8/11/2010 she underwent right shoulder arthroscopic surgery by [REDACTED] with subsequent postoperative PT. There is no report of acute shoulder trauma, no documented history of suspected instability/labral tear or anything on the physical exam to demonstrate this. There is no report of significant change in symptoms or findings suggestive of significant pathology. The ACOEM guidelines state that those with subacute or chronic pain should generally have failed additional non-operative treatment including NSAID, exercise and injections. There is no note of any recent PT or injections given. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**MRI OF THE CERVICAL SPINE:** Overturned

**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 1 Prevention Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, Magnetic resonance imaging, current online edition.

**Decision rationale:** The ODG guidelines above state that indications for MRI imaging for the neck and upper back are as follows: chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; chronic neck pain, radiographs show bone or disc margin destruction; suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; known cervical spine trauma; equivocal or positive plain films with neurological deficit. In this case, the patient has chronic neck pain with neurologic signs or symptoms present. Specifically, the neurologic findings demonstrated on physical examination on 9/30/13 showed decreased deep tendon reflexes in the right C5 and C6

nerve roots, decreased sensation of the right and left C5 and C6 distribution, and 4/5 muscle strength in the right C5 and c6 myotomes. ACOEM guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist, which is the case with this patient. ACOEM guidelines also state that "MRI is recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the dermatomal and myotomal symptoms are not trending towards improvement," which is again the case with this patient. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.