

<b>Case Number:</b>	CM14-0035730		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/13/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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, has a subspecialty in Pain Management 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 patient with a date of injury of 3/13/08. A utilization review determination dated 2/26/14 recommends non-certification of x-ray and MRI bilateral shoulders, x-ray and MRI lumbar spine, and electromyography/ nerve conduction velocity (EMG/NCV) of the lower extremities. 3/18/14 medical report identifies that a qualified medical evaluation (QME) evaluated the patient on 9/12/13 and recommended x-rays, MRIs of both shoulders, x-rays of shoulders and the neck, x-ray and MRI of the low back, and EMGs and upper and lower extremities. The patient has chronic pain. On exam, there is limited cervical spine range of motion (ROM), tenderness and paraspinal spasm, positive cervical distraction and shoulder depression tests, tenderness over the bicipital groove and osseous structures of the shoulder, and limited shoulder range of motion (ROM) in all directions by 20% with pain during Speed's test. Recommendations included x-rays and MRI of the lumbar spine, bilateral shoulders, EMG/NCV of the lower extremities, and bilateral tennis elbow braces. The provider again noted that these have been recommended by the QME.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Shoulder Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for MRI of the bilateral shoulders, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there are no red flags present and the findings are not suggestive of any internal derangement or another condition that would potentially require surgical intervention. The only rationale given is that the MRIs were recommended by a QME, but the QME report was not included for review. In light of the above issues, the currently requested MRI of the bilateral shoulders is not medically necessary.

**X-ray 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), Shoulder Chapter, Indications for Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Radiography.

**Decision rationale:** Regarding the request for X-ray of the bilateral shoulders, California MTUS, ACOEM, and ODG do support the use of x-rays in the presence of recent trauma, red flags, and failure of initial conservative treatment. Within the documentation available for review, it is noted that the patient has a longstanding injury from over 6 years ago. There is documentation of pain, tenderness, and ROM limited by 20%. The provider notes that the QME recommended x-rays, but the QME report is not available for review and the provider does not identify any red flags, recent trauma, significant recent progression of symptoms/findings, or another clear rationale for updating shoulder x-rays for this patient. In light of the above issues, the currently requested X-ray of the bilateral shoulders is not medically necessary.

**MRI of the lumbar spine:** 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 Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any red flags or subjective/objective findings suggestive of specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In light of the above issues, the currently requested lumbar MRI is not medically necessary.

**X-Ray of the lumbar spine:** 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 Chapter, Indications for Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Within the documentation available for review, the patient is noted to have a longstanding injury. There is no indication of any recent trauma or red flags. The provider noted that the QME recommended x-rays, but the QME report is not available for review and the provider does not identify a rationale for the x-rays and why they would be expected to aid in patient management at this point in the patient's chronic injury. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

**Electromyogram (EMG) of the lower extremities:** 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), EMGs.

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

**Decision rationale:** Regarding the request for EMG of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks.

Within the documentation available for review, there are no subjective/objective findings suggestive of focal neurologic dysfunction for which an EMG would be indicated. In the absence of such documentation, but currently requested EMG of the lower extremities is not medically necessary.

**Nerve Conduction Velocity (NCV) study of the lower extremities: 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), NCVs.

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

**Decision rationale:** Regarding the request for NCV of the lower extremities, CA MTUS and ACOEM do not specifically address the issue. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no subjective/objective findings suggestive of peripheral neuropathy and no clear rationale is provided identifying the medical necessity of nerve conduction velocity testing in the absence of any neurological findings. In light of the above issues, the currently requested NCV of the lower extremities is not medically necessary.