

<b>Case Number:</b>	CM14-0089699		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 16, 2014, the claims administrator denied a request for a left shoulder MRI, cervical MRI, electrodiagnostic testing, and neurology evaluation. The claims administrator's rationale was extremely difficult to follow. The claims administrator invoked a variety of non-MTUS ODG Guidelines in its denials. The claims administrator did allude to the applicant's having had an earlier shoulder MRI of April 8, 2014, which demonstrated additional supraspinatus tendon tear, full-thickness. The claims administrator stated that the attending provider had not furnished any rationale for repeat MRI imaging. The applicant's attorney subsequently appealed. On May 5, 2014, the applicant transferred care to a new primary treating provider, who posited that earlier physical therapy was of no help. The applicant reported constant shoulder and neck pain with associated headaches, which were sometimes scored at 10/10. The applicant had a variety of comorbidities including diabetes, hypertension and coronary artery disease status post coronary artery bypass grafting. The applicant was on Lipitor, Coreg, Diovan- hydrochlorothiazide, Levoxyl and insulin, it was stated. The applicant had a BMI of 36. Left shoulder range of motion was in 120 to 130 degrees of flexion range. Weakness about the shoulder was noted. MRI imaging of cervical spine was sought, along with electrodiagnostic testing of the bilateral upper extremities and MRI imaging of the left shoulder. The attending provider stated that he was seeking repeat shoulder MRI imaging in light of the reportedly poor quality earlier imaging studies. The applicant's work status was not stated on

this occasion. In an earlier note dated April 28, 2014, the applicant was described as working regular duty. The attending provider noted that the applicant was claustrophobic and might require IV sedation to obtain closed shoulder MRI. The attending provider also posited that the applicant might need neurosurgery and/or spine surgery consultation after review of cervical MRI imaging. The applicant was also having ancillary complaints of headaches, dizziness, and loss of balance. Neurology evaluation was endorsed to further evaluate the same. The requesting provider was an orthopedic shoulder specialist, it was suggested. On March 24, 2014, the applicant was given diagnoses of impingement syndrome of left shoulder versus rotator cuff tear, healing fracture of the fifth metatarsal of the left foot, and Charcot foot with diabetic neuropathy.

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

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

#### **C- Spine MRI without contrast: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odgtwc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant did report ongoing issues with neck pain radiating to the bilateral arms, reportedly severe, as high as 10/10. Cervical MRI imaging to help validate the diagnosis of nerve root compromise is therefore indicated, particularly in light of the fact that the requesting provider did suggest that the applicant would likely obtain a neurosurgical consultation/evaluation following procurement of the cervical MRI in question. Therefore, the request is medically necessary.

#### **Left shoulder MRI without contrast: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odgtwc.com/odgtwc/shoulder.htm#Magneticresonanceimaging>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. In this case, the requesting provider, an orthopedic shoulder surgeon, did seemingly posit that earlier open shoulder MRI imaging was inadequate

for preoperative planning purposes. The applicant does have signs and symptoms of rotator cuff pathology, including weakness and diminished range of motion noted about the injured shoulder. Obtaining non-contrast shoulder MRI imaging for preoperative planning purposes is indicated, appropriate and supported by ACOEM. Therefore, the request is medically necessary.

**Neurologist Referral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a primary treating practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP), an orthopedic shoulder surgeon, is likely uncomfortable addressing and/or treating allegations of headaches, dizziness and/or loss of balance. Obtaining the added expertise of a physician who is better-suited to address these issues, such as a neurologist, is therefore indicated. Accordingly, the request is medically necessary.

**NCS bilateral upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/odgtec/lowback.htm>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, page 178, EMG and/or NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, which last greater than three to four weeks. In this case, the applicant has complaints of neck pain radiating to the bilateral upper extremities for the past several months. Various items are potentially on the differential diagnosis, including diabetic neuropathy versus cervical radiculopathy. Obtaining nerve conduction testing to help differentiate between some of the possible diagnostic considerations is therefore indicated. Accordingly, the request is medically necessary.

**EMG bilateral upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, table 8-8, page 182, EMG, testing to clarify the diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection therapy is "recommended." In this case, the applicant is diabetic. The applicant has complained of neck pain radiating to the bilateral arms. Obtaining EMG testing at issue to help differentiate between the possible diabetic neuropathy versus cervical radiculopathy is indicated. Therefore, the request is medically necessary.