

<b>Case Number:</b>	CM14-0196785		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 injured worker is a 48 year old male with an injury date on 02/21/2011. Based on the 11/19/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post cervical spine fusion C5-6. 2. Rotator cuff tendinosis, right shoulder. 3. Migraine Headaches. 4. Severe left shoulder and upper extremity injury (this has been determined to not be related to this current claim) with chronic regional pain syndrome, marked decreased range of motion and hypersensitivity. 5. A 2.5 mm disc at C4-C5, by CT scan. 6. Status-post C 5-6 anterior fusion, posterior disc bulges of 2 mm at C3-4 and C7-T 1 as well as 2 to 3 mm at C6-7 without central canal narrowing, but with mild bilateral C3-4 neural foraminal narrowing which appears to have resulted from uncinat process hypertrophy. Per MRI from Oracle Imaging dated 10/23/2014. According to this report, the injured worker complains of 4/10 neck pain and 3/10 left shoulder pain. Physical exam reveals tenderness about the left cervical paraspinals, subscapularis, trapezius, scapular border and about the left shoulder girdle. There is wasting of the left shoulder musculature. "The JAMAR grip dynamometer strength readings revealed 68/68/66 kg on the right and unable to complete on the left." Range of motion of the cervical spine is restricted. Per treating physician, the injured worker "has extreme hypersensitivity to touch in the left shoulder girdle, and entire left arm. It is difficult to determine nerve root compression due to hypersensitivity of the entire left arm." The 10/15/2014 report indicates the injured worker has "persistent headaches, left sided neck pain, left arm numbness and weakness." Left shoulder ROM is limited to activity below shoulder level and the left arm is hypersensitive to light touch. The treatment plan is continue to await authorization for the requested EMG/NCS of the left upper extremity, continue home exercise, continue Pain Management, and return for a follow-up in 4-6 weeks. The injured worker's work status is "remain P & S with exacerbation." There were no other significant findings noted on this report. The utilization review denied the

request for (1) EMG/NCV of the left upper extremity and left shoulder girdle, (2) MRI of the cervical spine with contrast, and (3) follow-up evaluation with a Pain Management Specialist (Cervical, Bilateral Shoulders, and Headaches) on 11/21/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/21/2014 to 11/19/2014.

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

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

#### **Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Left Upper Extremity and Left Shoulder Girdle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online, Cervical Chapter: Nerve Conduction Studies (NCS)

**Decision rationale:** The current request is for EMG/NCV of the left upper extremity and left shoulder girdle. Regarding repeat Nerve conduction studies, ODG guidelines state; "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the reports show the injured worker had an EMG/NCS study done in 2011 "showed C5-6 and subscapular neuropathy." In this case, a repeat study of the same body parts is not needed and the treating physician does not explain why another study is needed when prior a study indicates neuropathy. The current request is not medically necessary.

#### **Magnetic Resonance Imaging (MRI) of the Cervical Spine with Contrast: Upheld**

**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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter under MRI

**Decision rationale:** The current request is for repeat Magnetic Resonance Imaging (MRI) of the Cervical Spine with Contrast, "as patient continues to be symptomatic and last MRI was 3 years ago." Review of the provided reports indicates "the last MRI of the cervical spine was 2011;" the report was not included on the file for review. Regarding repeat MRI's, ODG guidelines states, "not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, reports from 05/21/2014 to 11/19/2014 shows no discussion to why the injured worker needs a repeat MRI of cervical spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of the cervical spine is not in accordance with the guidelines. The current request is not medically necessary.

**Follow-Up Evaluation with a Pain Management Specialist (Cervical, Bilateral Shoulders, and Headaches): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary

**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), 2nd Edition, (2004) chapter 7, page 127, Follow-Up Evaluation

**Decision rationale:** The current request is for repeat follow-up evaluation with a Pain Management Specialist (Cervical, bilateral Shoulders, and Headaches). The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the injured worker presents with chronic neck pain with numbness and weakness of the left arm and has had surgeries. The requested evaluation with Pain Management Specialist appears reasonable and is medically necessary.

**Follow-Up Evaluation with a Psychiatrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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), 2nd Edition, (2004) chapter 7, page 127, Follow-Up Evaluation

**Decision rationale:** The current request is for repeat follow-up evaluation with a Psychiatrist. The ACOEM guidelines, chapter 7, page 127 state that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician does not explain why a psychological evaluation is needed. The treating physician does not mention that the injured worker has psychological issues such as anxiety or depression. The current request for an evaluation with a psychologist is not medically necessary.