

<b>Case Number:</b>	CM15-0105607		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female, who sustained an industrial injury on October 23, 2013. She reported an injury to her back, her head, her neck, her right shoulder, her right leg, right hip, left arm and hand. Treatment to date has included medications, modified work duties, MRI of the lumbar spine, cervical spine, and left shoulder, physical therapy, and TENS unit. Currently, the injured worker complains of cervical spine, lumbar spine, left shoulder and left hip pain. She rates the pain a 9 on a 10-point scale and describes the pain as constant and worsening. She reports that the pain is made better with rest and medications. She reports that using her medications will reduce her pain rating from a 9 on a 10-point scale to a 4-6 on a 10 point scale. On physical examination, she had decreased range of motion of the cervical spine and left shoulder. A cervical compression test was positive on the left with radiation of pain into the left periscapular area. She had positive Neer and Hawkins impingement tests and had severe tenderness to palpation over the acromioclavicular joint and the subacromial area. She exhibited tenderness to palpation over the left iliac crest. The diagnoses associated with the request include left shoulder impingement, acromioclavicular joint arthrosis, cervical spine disc protrusion with possible radiculopathy, lumbar sprain/strain, and left hip sprain/strain. The treatment plan includes bilateral upper extremity EMG/NCV to rule out radiculopathy, twelve sessions of physical therapy and urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the left hip, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore additional physical therapy is not medically necessary.

**EMG/NCV studies bilateral upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG and nerve conduction study of the bilateral upper extremities, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The electromyography component of an electrodiagnostic study is utilized to identify myopathic and neuropathic pathology such as in cervical radiculopathy. Within the documentation available for review, there are recent physical examination indicating motor deficit at the level of C5-6 on the left. However, there are no findings of deficit of the right. The utilization review has approved of left sided EMG and nerve conduction study which is appropriate given the current exam finding. Given this, the currently request for bilateral EMG and nerve conduction study are not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Testing Page(s): 76-79, 99.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances including Norco and Tramadol. The last previous urine toxicology testing was done on 1/26/2015. However, there is no risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.