

<b>Case Number:</b>	CM15-0136305		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 12, 2012. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for cervical epidural injection, a shoulder MRI, and cervical MRI, and electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a June 22, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant reported ongoing complaints of neck, shoulder, and right upper extremity pain. The applicant had undergone earlier failed cervical spine surgery, it was reported. The applicant also received a prior shoulder steroid injection as well as a cervical epidural steroid injection as recent as January 2015, it was reported. Earlier shoulder MRI imaging performed in 2012 was notable for a partial thickness rotator cuff tear superimposed on issues with glenohumeral and acromioclavicular joint arthritis. The applicant was not working, it was acknowledged, and not worked in over two years. The applicant was on Norco for pain relief. The note was quite difficult to follow and mingles historical issues with current issues. The applicant exhibited significantly limited shoulder range of motion with flexion to 80 degrees. Positive signs of internal impingement were appreciated. A surgical scar was present about the cervical spine with right upper extremity from 4 to 5- to 5/5 versus 5/5 about the left upper extremity. A cervical epidural steroid injection, electrodiagnostic testing of bilateral upper extremities, a right shoulder MRI, and a cervical MRI were sought. Norco was continued while Neurontin was introduced on a trial basis. The attending provider acknowledged that already

carried an established diagnosis of cervical radiculopathy. The attending provider stated that the shoulder MRI was being sought on the grounds that this had been recommended by medical-legal evaluator. The applicant was given a rather proscriptive 15-pound lifting limitation, which, the treating provider acknowledged, resulted in the applicant's removal from the workplace.

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

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

#### **Epidural Steroid Injection at C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** No, the request for a cervical epidural steroid injection at T1 was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the request in question did in fact represent a request for a repeat cervical epidural steroid injection. The treating provider acknowledged on June 26, 2015 that the applicant had had at least one prior cervical epidural steroid injection in January 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guideline stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, it was acknowledged on the date of the request, June 27, 2015. The applicant had not worked in over two years. A rather proscriptive 15-pound lifting limitation was renewed on that date, effectively resulting in the applicant's removal from the workplace. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior cervical epidural steroid injection. Therefore, the request for a repeat cervical epidural steroid injection was not medically necessary.

#### **MRI of the Right Shoulder with Contrast: 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), Treatment Index, 13th Edition (web), 2015, Shoulder - Magnetic resonance imaging (MRI).

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

**Decision rationale:** Similarly, the request for MRI imaging of the shoulder with contrast was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography for evaluation purpose without surgical indications is deemed not recommended. Here, the requesting provider stated on June 22, 2015 that he was ordering shoulder MRI imaging on the recommendations of a medical-legal evaluator. Thus, there was

neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on outcome of the same. The requesting provider, furthermore, acknowledged on June 22, 2015 that the applicant had had earlier shoulder MRI imaging in 2012, which did demonstrate a partial thickness rotator cuff tear. It did not appear, thus, that either the applicant or attending provider had any actively formed intention to pursue surgical intervention based on the outcome of the study in question. The earlier positive shoulder MRI effectively obviated the need for the request in question. Therefore, the request was not medically necessary.

#### **MRI of the Cervical 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), Treatment Index, 13th Edition (web), 2015, Neck and Upper Back - Magnetic resonance imaging (MRI).

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

**Decision rationale:** Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that 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. Here, as with the preceding request, there was neither an explicit statement (nor an implicit expectation) the applicant would act on the results of the cervical MRI in question and consider surgical intervention based on the outcome of the same. While the applicant had undergone earlier cervical spine surgery, the June 22, 2015 request, it is further noted, was initiated by a pain management physician (as opposed to a spine surgeon), reducing the likelihood of the applicant's acting on the results of the study in question and/or considering further cervical spine surgery based on the outcome of the same. The fact that three different diagnostic studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one particular study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

#### **EMG/NCS of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Neck and Upper Back - Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 272.

**Decision rationale:** Finally, the request for electrodiagnostic testing of bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed not recommended for a diagnosis of nerve root involvement if findings of history, physical exam and imaging study are consistent. Here, the applicant had a known, well-established diagnosis of cervical radiculopathy status post earlier cervical spine surgery. It was not clearly stated why electrodiagnostic testing was sought when the diagnosis in question had already been definitively established. The applicant's radicular signs and symptoms, per the treating provider's report of June 22, 2015, were, moreover, seemingly confined to the symptomatic right upper extremity. The applicant was described as having weakness about the right hand/right arm. The attending provider reported that the applicant's pain complaints were confined to the neck, right shoulder, right arm, and right hand. The request for electrodiagnostic study of bilateral upper extremities to include testing of the seemingly asymptomatic left upper extremity, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, which suggests that routine usage of electrodiagnostic testing in the evaluation of the applicants without symptoms is deemed not recommended. Therefore, the request was not medically necessary.