

<b>Case Number:</b>	CM15-0182214		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/22/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 56 year old male with an industrial injury dated 06-22-2015. Medical record review indicates he is being treated for cervical myalgia, myospasm, radiculitis-neuritis, shoulder impingement and derangement, aggravation of a preexisting cephalgia, insomnia and tinnitus secondary to acoustic neuroma surgery and anxiety and depression. Subjective complaints (08-25-2015) included "moderate" neck pain with radiation to both hands, right greater than left. Aggravating factors were documented as sitting, driving, climbing to bed and lifting. The pain rating was documented as 6 out of 10. Other subjective complaints included right shoulder pain and stiffness aggravated by reaching overhead with a pain rating of 4-5 out of 10. The injured worker also complained of "severe" headaches with associated visual disturbance and dizziness. Aggravating factors were movement, sneezing and coughing. In the prior progress note dated 07-27-2015 neck pain is rated as 7 out of 10 radiating down to the right shoulder. Right shoulder pain is rated as 5-7 out of 10 and "associated with numbness and pins and needle-like sensation." On 08-25-2015 work status is documented as "off work." Prior treatment is documented as chiropractic therapy, physical therapy and acupuncture. Physical exam (08-25-2015) is documented as showing tenderness of paracervical, sternocleidomastoid and trapezius. The treating physician documented "improvement in range of motion, decrease in swelling and decrease in spasm." Physical exam of the right shoulder is documented as revealing tenderness of the acromioclavicular joint and glenohumeral joint. Range of motion is documented as decreased. The treating physician documents a "decrease in spasm and tension, decrease in swelling and positive impingement syndrome." Diagnostic tests and radiologist

readings are documented below: Cervical spine x-ray; Moderate to severe disc space narrowing and spondylosis at the cervical 6- cervical 7 levels and mild to moderate disc space narrowing at the cervical 3- cervical 4 level. Right shoulder x-ray - Grade II down sloping of the acromion process with mild degenerative changes of the acromioclavicular joint. If the patient has persistent symptoms, consider an MRI for further evaluation of the rotator cuff as clinically indicated. The treatment request is for: NCV/EMG of the right upper extremities; MRI of the right shoulder; MRI of the cervical spine 08-31-2015 utilization review non- certified the request for the following: NCV/EMG of the right upper extremities; MRI of the right shoulder; MRI of the cervical spine;

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

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was record of having completed some passive modalities (chiropractor manipulation, electrical stimulation, traction, massage, cold/heat, and ultrasound) for his shoulder and neck, but no active physical therapy was documented as being ordered or completed, which would be required before consideration for imaging of the cervical spine might be made. Also, there was insufficient evidence (subjective or objective) for neurological impingement of the cervical nerve roots or any other signs of red flag diagnoses which would justify MRI of the cervical spine. Therefore, the cervical MRI will be considered not medically necessary at this time.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this

unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. Physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, there was record of having completed some passive modalities (chiropractor manipulation, electrical stimulation, traction, massage, cold/heat, and ultrasound) for his shoulder and neck, but no active physical therapy was documented as being ordered or completed, which would be required before consideration for imaging of the shoulder might be made. Also, there was insufficient evidence (subjective or objective) for rotator cuff tear or any other red flag diagnoses which would justify MRI of the right shoulder. Therefore, the right shoulder MRI will be considered not medically necessary at this time.

**NCV/EMG of the right upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic): Nerve conduction studies (NCS) 2015.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 week period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. Upon review of the recent notes prior to this request, there was no subjective complaint suggestive of neuropathy of the upper extremities/neck and no physical examination findings suggestive of the same (sensation and reflexes normal). Therefore, without at least some discrepancy between subjective complaints and objective findings to suggest still some possibility for nerve involvement, nerve testing will be considered not medically necessary at this time.