

<b>Case Number:</b>	CM15-0182426		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: 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 injured worker is a 49 year old male, who sustained an industrial injury on 8-28-14. The documentation on 7-9-15 noted that the injured worker has complaints of bilateral shoulder, neck and back pain. The neck pain radiates into the shoulders, arms, hands and fingers and on a scale of 1 to 10 the injured worker rates his pain at 4 to 8. Bilateral shoulders has constant pain both shoulders, right greater than left and complaints of swelling, numbness, tingling and burning sensations in both hands and on a scale of 1 to 10 the injured worker reports his pain at 5 to 7 in the right shoulder and 2 in the left shoulder. The injured worker denies pain both wrists and hands but is experiencing numbness and tingling of the hands and fingers. The lower back pain radiates into the left leg and down into the foot and has numbness and tingling in his left leg and foot with a pain level of 5 on a scale of 1 to 10. Physical examination revealed tenderness to bilateral shoulder, neck and back. Cervical spine examination revealed decreased range of motion and palpation of the levator scapulae revealed tenderness bilaterally and hypertonicity on the right and palpation of the trapezius revealed tenderness and hypertonicity bilaterally. Sensation was decreased in the C7 nerve distribution bilaterally. Lumbar spine examination revealed limited range of motion and palpation of the lumbar paraspinal and quadratus lumborum revealed tenderness bilaterally and hypertonicity on the left. Straight leg raise test was negative on the right and positive on the left at 50 degrees and Kemp's test was positive bilaterally. Bilateral shoulders examination revealed limited range of motion. Magnetic resonance imaging (MRI) of the right shoulder. The diagnoses have included sprain of neck; brachial neuritis or radiculitis not otherwise specified; right shoulder acromioclavicular (AC)

joint arthrosis; sprain of lumbar; right rotator cuff syndrome and cervical spine and lumbar spine strain. Treatment to date has included 12 sessions of physical therapy for his neck and shoulders which only helped temporarily; pain medications; anti-inflammatory medications; tramadol; restoril; topical kera-tek gel; were discontinued due to stomach irritation and cortisone injection in his right shoulder without benefit. The original utilization review (8-18-15) denied the request for cervical spine magnetic resonance imaging (MRI); right upper extremity nerve conduction studies; left upper extremity nerve conduction studies; lumbar spine magnetic resonance imaging (MRI); right lower extremity nerve conduction studies; left lower extremity nerve conduction studies and left shoulder magnetic resonance imaging (MRI). Several documents within the submitted medical records are difficult to decipher.

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

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

#### **Cervical spine MRI: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is documentation of decreased sensory in the C7 dermatome bilaterally supporting a recommendation of a cervical MRI. I am reversing the previous UR decision. Cervical spine MRI is medically necessary.

#### **Right upper extremity nerve conduction studies: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend electrodiagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for

performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Right upper extremity nerve conduction studies are not medically necessary.

**Left upper extremity nerve conduction studies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend electrodiagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Left upper extremity nerve conduction studies is not medically necessary.

**Lumbar spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. Lumbar spine MRI is not medically necessary.

**Right lower extremity nerve conduction studies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Right lower extremity nerve conduction studies is not medically necessary.

**Left lower extremity nerve conduction studies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Left lower extremity nerve conduction studies is not medically necessary.

**Left shoulder MRI:** 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).

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

**Decision rationale:** According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. Left shoulder MRI is not medically necessary.