

<b>Case Number:</b>	CM15-0189271		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/13/1995
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

### 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 64 year old female, who sustained an industrial injury on July 13, 1995, incurring right and left shoulder, upper and lower back injuries. She was diagnosed with right and left upper extremity strain, left lower extremity strain, cervical degenerative disc disease and lumbar degenerative disc disease. Treatment included medication management, physical therapy, and transcutaneous electrical stimulation unit and activity restrictions. Currently, the injured worker complained of persistent pain, with numbness and tingling in both upper extremities. She reported increased pain in both arms and shoulders with limited range of motion. She has numbness and tingling in both hands. She noted increased pain in the left hip and left knee. The injured worker noted new numbness and tingling of the lower extremities with loss of bladder and bowel control. The treatment plan that was requested for authorization on September 25, 2015, included Electromyography studies of the upper and lower extremities, Magnetic Resonance Imaging of the left shoulder and H-Wave. On September 17, 2015, a request for Electromyography studies, Magnetic Resonance Imaging and H-Wave was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of upper and lower extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic chapter, under EMGs.

**Decision rationale:** The current request is for EMG OF UPPER AND LOWER EXTREMITIES. The RFA is dated 07/22/15. Treatment included medication management, physical therapy, and transcutaneous electrical stimulation unit and activity restrictions. The patient's work status was not provided. MTUS/ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. ODG Guidelines, Low Back - Lumbar & Thoracic chapter, under EMGs (electromyography) states the following: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. MTUS/ACOEM guidelines, Chapter 8 Page 178 under neck chapter states, "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), 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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Per report 07/22/15, the patient presents with chronic low back, neck and bilateral shoulder pain. The patient reports new symptoms including numbness and tingling of the lower extremities with loss of bladder and bowel control. She also reports numbness and tingling in the upper extremities into the arms, hands and fingers. The treater notes that the patient denies undergoing EMG of the upper or lower extremities in the last 12 months. This is the only report provided for review. Given the patient's neurological symptoms, an EMG of the upper and lower extremities may be helpful with accurate diagnoses. Therefore, the request IS medically necessary.

**MRI left shoulder, open:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging.

**Decision rationale:** The current request is for MRI LEFT SHOULDER, OPEN. The RFA is dated 07/22/15. Treatment included medication management, physical therapy, and

transcutaneous electrical stimulation unit and activity restrictions. The patient's work status was not provided. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 208: routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging - Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear. Per report 07/22/15, the patient presents with chronic low back, neck and bilateral shoulder pain. The patient reports new symptoms including numbness and tingling of the lower extremities with loss of bladder and bowel control. She also reports numbness and tingling in the upper extremities into the arms, hands and fingers. The patient also report an increase in right shoulder pain, which is aggravated with carrying things. The treater noted that the patient denies MRI of the left shoulder in past 12 months. This is the only report provided in the medical file. In this case, the patient reports an increase in pain, but there is no examination findings noted. There is no red flag, suspicion of rotator cuff tear, or concern of instability/labral tear. There is no discussion of failed conservative treatments either. The medical necessity has not been established. Therefore, the request IS NOT medically necessary.

**H-wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The current request is for H-WAVE. The RFA is dated 07/22/15. Treatment included medication management, physical therapy, and transcutaneous electrical stimulation unit and activity restrictions. The patient's work status was not provided. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Per report 07/22/15, the patient presents with chronic low back, neck and bilateral shoulder pain. There is only one progress report provided for review. On this report, the treater requested "DME: H-wave." There is no further discussion regarding this request. There is no indication that the patient is undergoing a program that is promoting evidence-based functional restoration. MTUS supports a trial of H-wave unit only as "an adjunct to a program of evidence-based functional restoration." In addition, if criteria for use has been met, then MTUS allows for a 1-month home-based trial. The current request is for a H-wave, with no indication of how long the unit is to be tried. Therefore, the request IS NOT medically necessary.