

<b>Case Number:</b>	CM15-0197874		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 42 year old male, who sustained an industrial injury on 6-13-2007. The injured worker is undergoing treatment for: adhesive capsulitis or right shoulder, impingement syndrome of right shoulder, sprain of right rotator cuff capsule, lack of coordination, rotator cuff sprain and strain, and cervical spondylosis without myelopathy, cervical radiculopathy. On 9-8-15, he reported pain to the neck, and right shoulder. He also reported inability to swallow and hoarseness. Physical examination revealed his neck to be non-tender with mild decreased range of motion. On 9-21-15, he reported pain to the right shoulder. He rated his pain 9 after just finishing a physical therapy appointment. He also reported increased stiffness. Physical examination revealed neck range of motion within normal limits, spurlings test negative, right shoulder with decreased range of motion, positive impingement, marked scapular dyskinesia, no scapular winging. He was given an injection of Kenalog to the right shoulder while in the office. The treatment and diagnostic testing to date has included: medications, physical therapy, home exercise program, magnetic resonance imaging of the right shoulder (8-31-15), Kenalog injection (9-21-15), cervical spine surgery (2007), cervical fusion (2010). Medications have included: ibuprofen. Current work status: not working. The request for authorization is for: one cervical magnetic resonance imaging without contrast, one set of cervical spine x-rays with AP, lateral and flexion-extension views, one CT scan of the cervical spine, one right upper extremity EMG-NCS. The UR dated 9-25-2015: non-certified the requests for one cervical magnetic resonance imaging without contrast, one set of cervical spine x-rays with AP, lateral and flexion-extension views, one CT scan of the cervical spine, one right upper extremity EMG-NCS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 cervical MRI without contrast: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, Cervical spine.

**Decision rationale:** According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per the ODG, an MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the documentation indicates that the patient had a previous cervical MRI and there are no new neurologic findings on physical exam to warrant another MRI study. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

### **1 set of cervical spine x-rays with AP, lateral and flexion/extension views: 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, Diagnostic Criteria.

**Decision rationale:** The CA MTUS ACOEM Guidelines indicate that if neck symptoms persist beyond four to six weeks, further evaluation may be indicated. The injured worker has been complaining of neck pain since his injury on 12-04-2013. The criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue injury or trauma or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy before an invasive procedure. The guidelines also indicate that "cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." In this case, the patient has undergone an MRI of the cervical spine which did not reveal any significant cervical pathology. X-rays are generally recommended as an initial study. Medical necessity for the requested x-rays has not been established. The requested x-rays are not medically necessary.

### **1 CT scan of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Computed tomography (CT) 2015.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT scan, cervical spine.

**Decision rationale:** The California MTUS/ACOEM Guidelines state imaging may be indicated to clarify the diagnosis for patients with limitations of activity after 4 weeks and unexplained physical findings. The guidelines further state that imaging findings should be correlated with physical findings. More specifically, the ODG states a CT scan is recommended for suspected cervical spine trauma, with cervical tenderness, and paresthesias in hands or feet. The guidelines further state that patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. In this case, the patient has undergone a recent cervical MRI which did not demonstrate any pathology. Medical necessity for the requested CT scan has not been established. The requested CT scan is not medically necessary.

**1 right upper extremity EMG/NCS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing (NCV).

**Decision rationale:** The request for diagnostic testing EMG/NCV for the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are 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. The guidelines recommend this testing prior to ordering an imaging study. In this case, the patient has already undergone recent cervical spine MRI and right shoulder MRI. In addition, there were no objective clinical findings or any neurological deficit on physical exam. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.