

<b>Case Number:</b>	CM15-0201059		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30 year old male, who sustained an industrial injury on 11-17-2014. Diagnoses include lumbar pain, shoulder tendinitis-bursitis, and cervical pain. Treatments to date include activity modification, medication therapy, and physical therapy. An orthopedic evaluation completed on 7-20-15, documented complaints involving neck, low back, and left shoulder. The record in 4-17-15, documented a lumbar spine MRI was completed, report unavailable. The physical examination documented tenderness and spasm over the cervical and lumbar muscles. The left shoulder revealed positive Neer, Hawkins, and Jobe tests. On 8-21-15, he complained of no change in neck, left shoulder pain, and low back pain. There was radiation noted to upper and lower extremities associated with numbness, tingling, and weakness. There were no physical examination findings documented. The plan of care included diagnostic testing. The appeal requested authorization for lumbar spine MRI, and electromyogram and nerve conduction studies (EMG-NCS) of bilateral upper and bilateral lower extremities. The Utilization Review dated 9- 18-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of lumbar:** Upheld

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

**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), MRIs (magnetic resonance imaging): Indications for imaging.

**Decision rationale:** The claimant sustained a work injury in November 2014 when he was lifting a heavy trash can and had neck, left shoulder, right ribcage, and low back pain. An MRI of the cervical spine was done in May 2015 and the claimant reports having had a lumbar MRI. When seen, he was having continued neck, left shoulder, and low back pain. He was having radiating symptoms into the upper extremities and lower extremities with numbness, tingling, and weakness. He was having difficulty with activities of daily living. No physical examination was recorded. In March 2015 there was decreased deltoid muscle strength bilateral with an otherwise normal neurological examination. X-rays of the cervical and lumbar spine were obtained without reported abnormality. Indications for imaging obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit or after at least one month of conservative therapy, a history of prior lumbar surgery, or the presence of cauda equina syndrome. In this case, there are no identified red flags, no documented lower extremity neurologic deficit, and the claimant has not undergone lumbar spine surgery. If a prior MRI of the lumbar spine was performed, that result should be reviewed. The requested MRI of the lumbar spine is not considered medically necessary.

**EMG/NCV of bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in November 2014 when he was lifting a heavy trash can and had neck, left shoulder, right ribcage, and low back pain. An MRI of the cervical spine was done in May 2015 and the claimant reports having had a lumbar MRI. When seen, he was having continued neck, left shoulder, and low back pain. He was having radiating symptoms into the upper extremities and lower extremities with numbness, tingling, and weakness. He was having difficulty with activities of daily living. No physical examination was recorded. In March 2015 there was decreased deltoid muscle strength bilateral with an otherwise normal neurological examination. X-rays of the cervical and lumbar spine were obtained without reported abnormality. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination

that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. This request is not medically necessary.

**EMG/NCV of bilateral lower extremities:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in November 2014 when he was lifting a heavy trash can and had neck, left shoulder, right ribcage, and low back pain. An MRI of the cervical spine was done in May 2015 and the claimant reports having had a lumbar MRI. When seen, he was having continued neck, left shoulder, and low back pain. He was having radiating symptoms into the upper extremities and lower extremities with numbness, tingling, and weakness. He was having difficulty with activities of daily living. No physical examination was recorded. In March 2015 there was decreased deltoid muscle strength bilateral with an otherwise normal neurological examination. X-rays of the cervical and lumbar spine were obtained without reported abnormality. Electrodiagnostic testing (EMG/NCS) is generally accepted, well- established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. This request is not medically necessary.