

<b>Case Number:</b>	CM15-0205676		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 71 year old male, who sustained cumulative industrial trauma injuries from 06-18-1970-07-16-2012. A review of the medical records indicates that the worker is undergoing treatment for cervical spine sprain and strain with radicular complaints, status post left shoulder arthroscopy with residuals, right shoulder rotator cuff tendinitis and bursitis, bilateral wrist sprain and strain and lumbar sprain and strain. MRI of the left shoulder on an unknown date was noted to show torn rotator cuff. Subjective complaints (07-08-2015) included intermittent moderate left shoulder pain and range of motion that was noted to be improving with physical therapy. Subjective complaints (05-29-2015 and 09-02-2015) included bilateral shoulder and neck pain radiating to the shoulders and hands. On 09-02-2015, 3 out of 8 physiotherapy sessions were noted as having been completed and were documented to be helping. Objective findings (07-08-2015 and 09-02-2015) included tenderness of the cervical spine, shoulders, right elbow and lumbosacral spine with muscle spasm in the shoulders and lumbosacral spine, positive cervical distraction test, positive Neer's impingement test of the left shoulder, positive Tinel's test at the cubital tunnel on the right and positive Patrick and Fabere's test of the lumbosacral spine. Treatment has included Ibuprofen, physical therapy, application of ice and bracing. The physician noted that MRI of the cervical spine was being requested to better assess the root of the worker's complaints and to assess underlying pathology and that nerve conduction study (NCS)-electromyography (EMG) exam of the upper extremities was being requested to assess the worker's neurological complaints. A utilization review dated 10-08-2015 non-certified requests for electromyogram (EMG) – nerve conduction velocity (NCV) of the bilateral upper extremities and magnetic resonance imaging (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:

**Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is a lack of objective evidence of nerve compromise. The request for Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities is determined to not be medically necessary.

**Magnetic resonance imaging (MRI) of the cervical spine:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include: the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, there is no evidence of tissue insult, nerve impairment, or other red flags to warrant a cervical MRI. The request for magnetic resonance imaging (MRI) of the cervical spine is determined to not be medically necessary.