

<b>Case Number:</b>	CM15-0028836		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 52 year old female, who sustained an industrial injury on August 30, 2010. The injured worker had reported an injury to the neck, back and bilateral upper extremities. The diagnoses have included discogenic cervical condition with radiculopathy, ulnar neuritis on the right, medial and lateral epicondylitis bilaterally, carpal tunnel syndrome on the left, bilateral wrist inflammation and discogenic lumbar condition with radiculopathy. Treatment to date has included medications, acupuncture treatments, MRI of the lumbar spine and cervical spine and a cortisone injection of the left shoulder. The most current documentation dated August 1, 2014 notes that the injured worker reported ongoing pain in multiple body parts limiting her functionality. The injured worker complained of shoulder pain worse on the right, with associated numbness in the right thumb. She also complained of spasms of the neck and bilateral upper extremities. Physical examination of the cervical spine, upper extremities and lumbar spine revealed a decreased range of motion. On January 21, 2015 Utilization Review non-certified a request for an electromyography and nerve conduction velocity study of the bilateral lower extremities, left sacroiliac joint and right shoulder injections and a physiatry consultation. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low back/Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is no documentation of radicular symptoms or nerve dysfunction in the lower extremities. 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. EMG/NCV of the bilateral lower extremities is not medically necessary.

**Left SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

**Decision rationale:** The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. There is no documentation that the patient has undergone the above regimen of therapy or has evidence of a clinical picture suggestive of sacroiliac injury. Sacroiliac joint injection is not medically necessary.

**Consultation with a physiatrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-

medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consultation with a physiatrist is not medically necessary.

**Right shoulder injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Shoulder Complaints, Page 213.

**Decision rationale:** The MTUS states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. I am reversing the previous utilization review decision. Injection of the shoulder is medically necessary.