

<b>Case Number:</b>	CM15-0030926		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 65 year old male who sustained an industrial injury on 11/26/12. The injured worker reported symptoms in the bilateral shoulders. The diagnoses included right cuff tear and pain shoulder region (joint). Treatments to date include home exercise program, ice/heat application, and activity modification. In a progress note dated 1/16/15 the treating provider reports the injured worker was with "mild tenderness of the bicipital groove bilaterally, moderate tenderness of the supraspinatus, upper trapezius, rhomboids, middle and posterior deltoids, bilateral shoulder range of motion is severely limited due to pain." On 1/27/15 Utilization Review non-certified the request for magnetic resonance imaging of the cervical spine and Electromyography/Nerve Conduction Velocity of the upper extremities. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back chapter, MRI.

**Decision rationale:** This patient presents with bilateral shoulder pain with decrease range of motion. The current request is for MRI OF THE CERVICAL SPINE. There is no Request for Authorization (RFA) provided in the medical file. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, Neck and Upper Back chapter have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Progress report discuss this patient's chronic bilateral shoulder pain. There is no subjective complaints of the neck and no physical examination. In fact, progress report dated 12/9/14 states "denies neck pain, numbness or tingling in the extremities." This patient does not present with any neurological deficit or any significant findings to warrant an MRI of the cervical spine. Given the lack of clinical evidence, this request IS NOT medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Electrodiagnostic Studies.

**Decision rationale:** This patient presents with bilateral shoulder pain with decrease range of motion. The current request is for EMG/NCV OF THE UPPER EXTREMITIES. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG Guidelines states that EMG is recommended as an option in selected cases. ODG further states regarding EDS in carpal tunnel syndrome, "recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." This patient presents with "deep ache" in both shoulder with "severely" limited ROM. Progress report dated 12/9/14 states "denies neck pain, numbness or tingling in the extremities." This patient does not present with any neurological deficit or any significant findings to warrant an EMG/NCV of the upper extremity. Given the lack of clinical evidence, this request IS NOT medically necessary.

