

<b>Case Number:</b>	CM14-0083961		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/24/2007
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67 years old male who sustained multiple injuries between 2002 and 2007 while employed as a stocker/maintenance worker and door greeter. Areas of injury are documented as neck, bilateral shoulders, bilateral wrists, bilateral knees and lumbar spine. He last worked on February 24, 2007. He has a surgical history of osteotomies, right foot, 3-5 metatarsals, 8/98, arthrotomy, left knee, 1985; staged operative arthroscopy with rotator cuff repair, right and left shoulders, 2010; staged, bilateral carpal tunnel releases, 2009. Current diagnoses are:- Myofascial sprain, cervical spine- Degenerative disc disease, cervical spine- Status/post carpal tunnel release, right and left wrists- Massive rotator cuff tears, right and left shoulders; status post operative arthroscopy with rotator cuff repair and partial Mumford procedure, both shoulders- Myofascial sprain, lumbar spine. A magnetic resonance imaging (MRI) of the lumbar spine was requested 4/16/14 to "rule out new disc herniation." An electromyogram (EMG) of the bilateral upper extremities was additionally requested on 4/16/14 to "eval his previous carpal tunnel syndrome." A utilization review report dated 5/14/14 denied the request for MRI lumbar spine & EMG of the bilateral upper extremities based upon a lack of neurologic changes in the lower extremities to indicate the necessity for a lumbar MRI and lack of abnormal neurologic findings in the upper extremities to warrant an EMG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI (Magnetic Resonance Imaging) of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition ACOEM Guidelines: Chapter Neck, Web Edition Official Disability Guidelines: Chapter Shoulder, Web Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG online - Low Back Chapter

**Decision rationale:** The patient presents with complaints of lower back and left lower extremity numbness. The current request is for an MRI of the L-spine with the statement that the MRI is needed to "rule out new disc herniation." Review of the reports would reveal that the patient did have an MRI of L-spine historically. However, the treating doctor has indicated worsening in his condition. Examination from 5/5/14 indicates sensation is diminished in the left lower extremity. Numbness extends down the lower left extremity all the way to the toes. Thus, assessment notes, "we will try to get authorization for a new MRI lumbar spine to rule out disc herniation". The MTUS guidelines and ACOEM do not discuss repeat MRI's. ODG guidelines state "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treater is recommending an MRI based on the patient's diminished sensation in the left lower extremity symptoms following at least one-month of conservative therapy. Examinations show new symptoms are present other than subjective worsening of pain that is common among chronic pain patients. The guidelines support MRI's in the presence of "significant change in symptoms and/or findings suggestive of significant pathology." Such is demonstrated in this patient. The request is medically necessary.

**Electromyogram (EMG) bilateral arms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition ACOEM Guidelines: Chapter Neck, Web Edition Official Disability Guidelines: Chapter Shoulder, Web Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines

**Decision rationale:** The patient presents with bilateral wrist pain and is status post bilateral carpal tunnel release in 2009. The current request is for Electromyogram (EMG) bilateral arms. The treating physician report dated 4/9/14 states, "He also needs new EMG both arms to eval his previous carpal tunnel syndrome." Physical examination findings reveal healed bilateral carpal incisions and pain free active ROM of the wrists. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical

radiculopathy. Review of the records provided does not show that the patient has any objective findings to indicate that carpal tunnel syndrome is present and the subjective complaint of bilateral wrist pain does not warrant EMG testing. The request is not medically necessary.