

<b>Case Number:</b>	CM14-0217623		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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 41 year old female with a date of injury as 09/03/2014. The cause of the injury was related to cumulative trauma. The current diagnoses include displacement of cervical intervertebral disc and disorders of bursae and tendons in shoulder region. Previous treatments include oral medications, physical therapy, use of ice, and a sling for support. Primary treating physician's reports dated 09/18/2014 through 11/06/2014, MRI of the right shoulder dated 11/10/2014, and work status update dated 11/06/2014 were included in the documentation submitted for review. Report dated 11/06/2014 noted that the injured worker presented with complaints that included cervical spine/upper back pain with numbness/tingling radiating to her right shoulder and between the shoulder blades, right shoulder pain with tingling, right elbow pain with tingling, right hand pain with numbness/tingling, and left foot pain. Physical examination revealed decreased grip strength on the right and decreased right wrist range of motion, decreased range of motion in the right elbow, pain and stiffness in the cervical spine, decreased range of motion in the right shoulder and positive impingement, spasm was noted at the C3-C7 levels. Spurling and Lhermitte testing was positive for pain in the right arm. The physician reviewed previous x-ray of the right shoulder which was noted to have a small subacromial bone spur. No other abnormalities were noted on x-ray. The injured worker is currently prescribed Orphenadrine, Etodolac, and omeprazole. Physician recommendation was for an MRI, EMG, and urine drug screening. The physician felt that the EMG was necessary due to her decreased sensation, positive Spurling and Lhermitte's testing. The physician also felt the urine drug screening was necessary to monitor adherence to prescription drug treatment regimen.

MRI of the right shoulder performed on 11/10/2014 supports that the injured worker has mild acromioclavicular joint arthropathy, mildly increased signal at the insertion of the supraspinatus consistent with mild tendinopathy, and moderately increased signal at the insertion of the infraspinatus consistent with moderate tendinopathy. The injured worker is currently temporarily totally disabled according to the work status update dated 11/06/2014. The utilization review performed on 12/05/2014 non-certified a prescription for EMG/NCV of the bilateral upper extremities based on lack of evidence to support radiculopathy and limited evidence to support peripheral nerve symptoms and urine toxicology screening based on no documentation to support use of opioid medications. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

### **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 upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The patient presents with cervical spine and upper back pain rated 3-6/10 which radiates to her right shoulder and right shoulder pain rated 7/10. The request is for EMG/NCV OF THE BILATERAL UPPER EXTREMITIES. Patient's diagnosis on 11/16/14 included displacement of cervical intervertebral disc and disorders of bursae and tendons in shoulder region. Per physical examinations, patient has had decreased sensation and positive Spurling and Lhermittes test ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient is reported to have positive Spurlings test which is for cervical nerve root involvement and Lhermittes which is for posterior column or spinal cord involvement. The EMG studies appear reasonable. The case is complicated with the right shoulder injury. The EMG and NCV studies may help differentiate the pain generators. Therefore, the request IS medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse Drug Testing Page(s): 94-95,43.

**Decision rationale:** The patient presents with cervical spine and upper back pain rated 3-6/10 which radiates to her right shoulder and right shoulder pain rated, 7/10. The request is for URINE TOXICOLOGY SCREEN. On 11/06/14, the patient was given a urine toxicology screen to monitor medication compliance. The prior progress report from 10/15/14 states the tramadol was discontinued. The patient is no longer taking opioid medications.MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg 94-95, recommends frequent random urine toxicology screens.MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43: Drug testing : Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs.MTUS allows for drug testing to determine presence of illegal drugs, or when using opioids as a step to avoid misuse/addiction. In this case the physician requested the urine toxicology test to monitor the patient's medications. There is no discussion that the physician suspects illegal drug use. According to the medical reports, the patient is not currently using any opioid medications. Therefore, the request IS NOT medically necessary.