

<b>Case Number:</b>	CM15-0126462		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 patient who sustained an industrial injury on 11/22/2011. The accident was briefly described as experiencing continuous trauma over the course of employment. She was employed as a general manager of a restaurant. She has been diagnosed with cervical discopathy; cervical radiculopathy; right shoulder impingement status post arthroscopy; right lateral elbow epicondyle; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome, right knee internal derangement, and a left ankle strain/sprain. Comorbid conditions include diabetes and obesity (BMI 30.3). MRIs of the cervical and lumbar spine in Feb 2015 document cervical and lumbar degenerative disc disease. Treatment has included surgery and medications. In the secondary provider's progress note dated 6/5/2015 the injured worker complained of continued cervical pain rated 7/10, right shoulder pain rated 7/10, right elbow pain rated 6/10, lumbar pain rated 8/10, right knee pain rated 6/10 and left ankle pain rated 8/10. The lumbar pain radiated into her left leg and was associated with numbness. She noted knee gives out and she frequently loses balance. Although the pain had increased since her prior visits the pain medication does decrease the pain. She denied sleeping difficulties (NOTE: in primary provider's progress note dated 3/15/2015 she described difficulty falling asleep, staying asleep and daytime sleepiness). On exam she walked with an antalgic gait, there was cervical spine tenderness, palpable spasms, mild weakness (4/5) in shoulder abductors and elbow flexors, decreased sensation in C5-6 dermatomes and decreased range of motion, right shoulder with acromioclavicular tenderness, decreased range of motion and positive impingement test, right elbow with lateral epicondylar tenderness, lumbar spine decreased range

of motion, positive straight leg raise on the right, mild weakness (3-4/10) of right big toe extensors, right knee extensors and right hip flexors, normal deep tendon reflexes and decreased sensation in left leg L3-5 dermatomes, right knee tenderness on palpation, and left ankle tenderness over medial malleolus.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MR Arthrogram right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, 207-8. Decision based on Non-MTUS Citation 1) American College of Radiology (ACR) Appropriateness Imaging Criteria for Acute Shoulder Pain, 2008, Last Reviewed 20102) Lenza M1, Buchbinder R, Takwoingi Y, Johnston RV, Hanchard NC, Faloppa F. Magnetic resonance imaging, magnetic resonance arthrography and ultrasonography for assessing rotator cuff tears in people with shoulder pain for whom surgery is being considered. Cochrane Database Syst Rev. 2013 Sep 24.

**Decision rationale:** Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. Magnetic resonance arthrography (MR-A) consists of doing a MRI after the direct puncture of the joint and intraarticular injection of diluted gadolinium or saline solution. The MR-A allows for better imaging of articular and tendon pathology when compared to MRI imaging, thus allowing the patient to avoid unnecessary diagnostic arthroscopy and allows for better therapeutic planning. According to the American College of Radiology a MR-A of the shoulder is indicated when a rotator cuff injury is suspected in a shoulder joint that has had prior surgery. The provider did specifically state this as the reason for requesting this test. The request for this procedure is medically necessary and has been established.

**MRI left foot/ankle without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Ankle Pain, Revised 2012.

**Decision rationale:** Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. According to the American College of Radiology guidelines MRIs of the ankle are indicated when simple radiographs of the ankle are normal and there is suspected osteochondral injury, suspected tendon abnormality, suspected ankle instability or the pain is of uncertain

etiology. This patient does not meet this criteria as there is no documentation that a simple radiograph has been performed. At this point in the care of this individual a MRI of the ankle is not indicated. The request is not medically necessary and has not been established.

**Sleep study:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental & Illness & stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4(5):487-504.

**Decision rationale:** Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. This patient has been complaining of problems with sleep initiation, sleep maintenance and daytime sleepiness. The provider has requested testing to understand if the etiology of the patient's sleep problem and her associated with daytime symptoms. A full evaluation for the etiology for her chronic insomnia has not been done but is appropriate as per the above guideline. The request for this evaluation is medically necessary and has been established.

**electromyography/nerve conduction study bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

**Decision rationale:** Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back symptoms, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. While the ACOEM

guidelines support use of electrodiagnostic testing for subtle signs of radicular injury it recommends against using these tests for patients with clinically obvious radiculopathies. This patient's low back problem may be complicated by her diabetes causing nerve injury as the patient's symptoms have responded poorly to treatment and the imaging studies, while showing degenerative disc disease, do not show significant nerve impingement consistent with the patient's exam. The request for both an EMG and a NCV test would differentiate whether the patient's symptoms are due to new changes in the anatomic abnormalities of the lumbar spine causing worse nerve compromise or due to a diabetic neuropathy. The request for this procedure is medically necessary and has been established.