

<b>Case Number:</b>	CM15-0129468		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/14/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 14, 2014. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for EMG testing of the left upper extremity, associated referral to a provider to perform electrodiagnostic testing, and cervical MRI imaging. The claims administrator referenced an April 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of neck and low back pain. The attending provider stated that he would attempt to return the applicant to work but did not state when he was planning to do so. On April 29, 2015, the attending provider stated that the applicant had returned to work on a trial basis but had developed severe pain which was precluding the applicant from maintaining successful work status. A 10-pound lifting limitation was endorsed on that date, which the treating provider suggested that the applicant's employer would likely be unable to accommodate. The applicant was having difficulty strapping on her bra and/or doing household chores as basic as cooking, it was reported. Positive signs of internal impingement about the shoulder were noted. Authorization for a left shoulder arthroscopy was sought. The attending provider seemingly suggested that the applicant's shoulder issues represented her primary pain generator. Neck and back pain were listed amongst the operating diagnoses, although these were only incidentally discussed. On January 21, 2015, it was acknowledged that the applicant was receiving Worker's Compensation indemnity benefits and using Norco for pain relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** No, the request for EMG testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the shoulder. The applicant was given a diagnosis of shoulder impingement syndrome. It was suggested that the applicant was considering shoulder surgery on April 29, 2015. Authorization for shoulder surgery was proposed on April 29, 2015 to include an arthroscopy, subacromial decompression, and distal claviclectomy. However, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 notes that EMG or NCV studies are "not recommended" as part of a shoulder evaluation for usual diagnoses. Here, it was not clearly stated why EMG testing was being sought for the applicant's already-established diagnosis of shoulder impingement syndrome in face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**MRI of cervical spine without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Similarly, the request for MRI imaging of the cervical spine without contrast was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for and invasive procedure, here, however, the progress notes provided made no mention of the applicant's actively considering or contemplating any kind of surgical intervention or invasive procedure involving the cervical spine based on the outcome of the study in question. Rather, it appeared that the applicant's primary pain generator was the shoulder. It was not clearly stated how the proposed cervical MRI imaging would influence or alter the treatment plan. The multifocal nature of the applicant's pain generators, which included the neck, low back, shoulder, etc., moreover, significantly reduced the likelihood of the applicant's acting on the results of the proposed cervical MRI and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

**Referral to EMG NCV study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** Finally, the request for a referral to a provider to perform an EMG-NCV study was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for EMG testing above. Since that request was deemed not medically necessary above, question #1, the derivative or companion request for a referral to a provider to perform said EMG-NCV study was likewise not indicated. Therefore, the request was not medically necessary.