

<b>Case Number:</b>	CM15-0176729		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Pain Management

### 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 37 year old male, who sustained an industrial injury on 10-6-2014. Medical records indicate the worker is undergoing treatment for left shoulder impingement syndrome, superior labral tear, myofascial pain and rule out cervical radiculopathy versus carpal tunnel syndrome. Progress notes from 4-1-2015 and 5-13-2015 noted the injured worker reported left shoulder and neck pain, radiating to the upper back and bilateral upper extremities. A recent progress report dated 8-5-2015, reported the injured worker complained of left shoulder pain, stiffness, instability, weakness, and neck pain with pain radiating down the bilateral upper extremities with intermittent numbness and tingling in the hands and wrists. Physical examination revealed cervical and trapezial tenderness, left shoulder tenderness with positive impingement sign and decreased sensation to the right thumb and index finger. Treatment to date has included 28 visits of physical therapy for the upper back and medication management. Current medications include Voltaren and Ultram. On 8-7-2015, the Request for Authorization requested cervical spine magnetic resonance imaging, bilateral upper extremity electromyography (EMG) and nerve conduction study (NCS) and Voltaren 75mg #60 with 2 refills. On 8-26-2015, the Utilization Review noncertified the request for cervical spine magnetic resonance imaging, bilateral upper extremity electromyography (EMG) and nerve conduction study (NCS) and Voltaren 75mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation failure of conservative treatment for at least 3 months. Additionally, it does not appear that there has been any recent thorough neurologic physical examination in an attempt to differentiate cervical radiculopathy from peripheral mononeuropathy or peripheral polyneuropathy. It would seem that undergoing a thorough physical examination would better help determine what sort of diagnostic test may provide the most information. In the absence of clarity regarding those issues, the requested cervical MRI is not medically necessary.

**NCV of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for NCV of right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review there is no documentation failure of conservative treatment for at least 3 months. Additionally, it does not appear that there has been any recent thorough neurologic physical examination in an attempt to differentiate cervical radiculopathy from peripheral mononeuropathy or peripheral polyneuropathy. It would seem that undergoing a thorough physical examination would better help determine what sort of diagnostic test may provide the most information. In the absence of clarity regarding those issues, the currently requested NCV of right upper extremity is not medically necessary.

**EMG of left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review there is no documentation failure of conservative treatment for at least 3 months. Additionally, it does not appear that there has been any recent thorough neurologic physical examination in an attempt to differentiate cervical radiculopathy from peripheral mononeuropathy or peripheral polyneuropathy. It would seem that undergoing a thorough physical examination would better help determine what sort of diagnostic test may provide the most information. In the absence of clarity regarding those issues, the currently requested EMG of left upper extremity is not medically necessary.

**NCV of left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for NCV of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review there is no documentation failure of conservative treatment for at least 3 months. Additionally, it does not appear that there has been any recent thorough neurologic physical examination in an attempt to differentiate cervical radiculopathy from peripheral mononeuropathy or peripheral polyneuropathy. It would seem that undergoing a thorough physical examination would better help determine what sort of diagnostic test may provide the most information. In the absence of clarity regarding those issues, the currently requested NCV of left upper extremity is not medically necessary.

**EMG of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG of right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review there is no documentation failure of conservative treatment for at least 3 months. Additionally, it does not appear that there has been any recent thorough neurologic physical examination in an attempt to differentiate cervical radiculopathy from peripheral mononeuropathy or peripheral polyneuropathy. It would seem that undergoing a thorough physical examination would better help determine what sort of diagnostic test may provide the most information. In the absence of clarity regarding those issues, the currently requested EMG of right upper extremity is not medically necessary.

**Voltaren 75mg 1 tablet twice a day #60 refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Diclofenac.

**Decision rationale:** Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Use ODG recommends Diclofenac as a second line NSAID due to its risk profile. Within the documentation available for review, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation of failure of first-line NSAIDs prior to the use of diclofenac. In the absence of such documentation, the currently requested Voltaren (diclofenac) is not medically necessary.