

<b>Case Number:</b>	CM15-0072539		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 53 year old female, who sustained an industrial injury on 10/24/2011. She has reported subsequent neck, back, wrist and shoulder pain and was diagnosed with cervical discopathy with radiculitis, lumbar radiculitis, shoulder impingement syndrome, bilateral cubital tunnel syndrome. Treatments rendered were not documented. In a progress note dated 03/02/2015, the injured worker complained of frequent pain in the cervical spine, low back, bilateral shoulders, elbows, wrists, hips and feet. Objective findings were notable for tenderness to palpation of the cervical and lumbar paravertebral muscles, shoulders, elbows, wrists, hips, plantar fascia and heels, decreased range of motion of the cervical and lumbar spine, pain with range of motion of the shoulders, elbows, wrists and hips, tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot that correlates with an L5 and S1 dermatomal pattern, diminished sensation in the ulnar digits and radial digits. A request for authorization of MRI of the bilateral shoulders due to limitations in the shoulder with consistent symptoms for greater than 4-5 weeks and electromyography/nerve conduction study of the right lower and left upper extremity due to continued symptoms without improvement after 4 weeks was submitted

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Right Shoulder, without contrast, outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. Additionally, there are no plain film x-rays available for review. The requesting provider does not document reasoning to support a request for MRI outside these guideline recommendations. The request for MRI (magnetic resonance imaging) right shoulder, without contrast, outpatient is determined to not be medically necessary.

**MRI (magnetic resonance imaging) Left Shoulder, without contrast, outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. Additionally, there are no plain film x-rays available for review. The requesting provider does not document reasoning to support a request for MRI outside these guideline recommendations. The request for MRI (magnetic resonance imaging) left shoulder, without contrast, outpatient is determined to not be medically necessary.

**EMG (electromyography)/ NCV (nerve conduction velocity), Right Lower Extremity, outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four

weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who already has identified pathology. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for EMG (electromyography)/ NCV (nerve conduction velocity), right lower extremity, outpatient is determined to not be medically necessary.

**EMG (electromyography)/ NCV (nerve conduction velocity), Left Upper Extremity, outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

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

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The request for EMG (electromyography)/ NCV (nerve conduction velocity), left upper extremity, outpatient is determined to not be medically necessary.