

<b>Case Number:</b>	CM15-0075057		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

### 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 58 year old female, who sustained an industrial injury on 04/30/2007 after a fall that she landed directly on her right shoulder. On provider visit dated 01/28/2015 the injured worker has reported neck pain, bilateral shoulder pain that radiates down the left leg to the tips of her toes. On examination of the cervical spine, range of motion was noted as decreased and upper extremities examination were noted as decreased range of motion in right arm. Positive cubital tunnel and canal of Guyon with positive control points bilaterally was noted. The diagnoses have included cervical disc degeneration with bulging, probably cervical radiculitis, and left upper extremity a with possible radiculopathy. Treatment to date has included laboratory studies, medication, MRI and never conduction studies. The provider requested updated diagnostic studies: Electromyography (EMG)/Nerve conduction velocity (NCV) bilateral upper extremities, x-rays for the cervical spine 5 views, MRI with contrast for cervical spine and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG)/Nerve conduction velocity (NCV) bilateral upper extremities:**  
 Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with neck pain radiating to upper extremities rated 4-6/10, bilateral shoulder pain and lower back pain radiating to lower extremity. The request is for ELECTROMYOGRAPHY (EMG)/NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTREMITIES. The request for authorization is dated 03/17/15. The patient is status-post right shoulder surgery, 2007, 2011 and 2013. Physical examination reveals decreased range of motion. Patient has had sessions of physical therapy. Patient's medications include Metformin, Glipizide, Ibuprofen and Aspirin. Per progress report dated 02/27/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, the patient continues with pain in the neck radiating into both shoulders, and first, fourth and fifth digits of the left hand. Given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCV studies would appear reasonable. There is no evidence that the patient has had prior upper extremity EMG/NCV studies done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.

**X-rays for the cervical spine 5 views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The patient presents with neck pain radiating to upper extremities rated 4-6/10, bilateral shoulder pain and lower back pain radiating to lower extremity. The request is for X-RAYS FOR THE CERVICAL SPINE 5 VIEWS. The request for authorization is dated 03/17/15. The patient is status-post right shoulder surgery, 2007, 2011 and 2013. Physical examination reveals decreased range of motion. Patient has had sessions of physical therapy. Patient's medications include Metformin, Glipizide, Ibuprofen and Aspirin. Per progress report dated 02/27/15, the patient is temporarily totally disabled. ACOEM guidelines on special studies for C-spine Chapter 8 (p 177, 178) states: "X-rays: Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor. (Bigos, 1999) (Colorado, 2001) Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening

program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure." MTUS/ACOEM chapter 8, table 8-7 on page 179, states: Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. Treater does not discuss the request. In this case, treater has not provided medical rationale for the request. In review of medical records, treater has not documented suspicion of potentially serious underlying conditions like fracture or neurologic deficit, cancer, infection or tumor. This request does not meet guideline indication. Therefore, the request IS NOT medically necessary.

**MRI with contrast for cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 179-180. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with neck pain radiating to upper extremities rated 4-6/10, bilateral shoulder pain and lower back pain radiating to lower extremity. The request is for MRI WITH CONTRAST FOR CERVICAL SPINE. The request for authorization is dated 03/17/15. The patient is status-post right shoulder surgery, 2007, 2011 and 2013. Physical examination reveals decreased range of motion. Patient has had sessions of physical therapy. Patient's medications include Metformin, Glipizide, Ibuprofen and Aspirin. Per progress report dated 02/27/15, the patient is temporarily totally disabled. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Treater does not discuss the request. In this case, given the physical examination findings, failure to improve with conservative care, a MRI of the cervical spine would appear reasonable and consistent with ACOEM guidelines. Additionally, ODG supports a MRI for patients with chronic neck pain after conservative treatment and neurologic signs and symptoms. Therefore, the request IS medically necessary.

**Follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with neck pain radiating to upper extremities rated 4-6/10, bilateral shoulder pain and lower back pain radiating to lower extremity. The request is for FOLLOW UP VISIT. The request for authorization is dated 03/17/15. The patient is status-post right shoulder surgery, 2007, 2011 and 2013. Physical examination reveals decreased range of motion. Patient has had sessions of physical therapy. Patient's medications include Metformin, Glipizide, Ibuprofen and Aspirin. Per progress report dated 02/27/15, the patient is temporarily totally disabled. ACOEM, second edition 2004 chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work." Treater does not discuss the request. However, ACOEM guidelines generally allow and support specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic neck, shoulder and low back pain that remains in spite of treatments, follow up evaluation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.