

<b>Case Number:</b>	CM14-0109905		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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: Massachusetts

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 49 year old female, who sustained an industrial injury on 1/15/08. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having cervical spine radiculitis with disc displacement, lumbar spine radiculitis with disc displacement, and right shoulder tendonitis. Treatment to date has included anterior cervical discectomy and fusion, injections, and medication including Norco, Valium, and Lyrica. Physical examination findings on 5-15-14 included tenderness to the cervical spine and bilateral shoulder limited range of motion. Severe radicular symptoms to the right arm were also noted. On 5-15-14, the injured worker complained of pain in the neck, back, and bilateral shoulders rated as 7-8 of 10. On 6-6-14, the treating physician requested authorization for a MRI of the right shoulder without contrast, a pain management referral, and electromyography or nerve conduction velocity (body part unspecified). On 6-13-14, the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Shoulder without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant sustained a work injury in January 2008 and underwent a revision cervical spine fusion from C5 to C7 in August 2013. When seen, she was having burning neck pain radiating into the shoulders and was having low back pain. Physical examination findings included cervical and trapezius muscle tenderness with decreased right shoulder range of motion. There was right grip strength weakness. The assessment references not having improved since the revision surgery. Authorization for upper extremity electrodiagnostic testing, a cervical spine and right shoulder MRI, and pain management evaluation were requested. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, there are no physical examination findings of either right shoulder instability or a labral tear and there is no acute injury. An MRI of the shoulder is not medically necessary.

**Pain Management Referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127; Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in January 2008 and underwent a revision cervical spine fusion from C5 to C7 in August 2013. When seen, she was having burning neck pain radiating into the shoulders and was having low back pain. Physical examination findings included cervical and trapezius muscle tenderness with decreased right shoulder range of motion. There was right grip strength weakness. The assessment references not having improved since the revision surgery. Authorization for upper extremity electrodiagnostic testing, a cervical spine and right shoulder MRI, and pain management evaluation were requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing neck pain after a second cervical spine surgery. However, the reason for the consultation is not described. Additional testing of the cervical spine has been requested and should be reviewed and available to a consultant if needed. The requested consultation with pain management is not medically necessary.

**EMG/NCV (body part unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in January 2008 and underwent a revision cervical spine fusion from C5 to C7 in August 2013. When seen, she was having burning neck pain radiating into the shoulders and was having low back pain. Physical examination findings included cervical and trapezius muscle tenderness with decreased right shoulder range of motion. There was right grip strength weakness. The assessment references not having improved since the revision surgery. Authorization for upper extremity electrodiagnostic testing, a cervical spine and right shoulder MRI, and pain management evaluation were requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining upper extremity EMG or NCS testing at this time. Additional imaging of the cervical spine has been requested and requesting electrodiagnostic testing is duplicative for the evaluation of radiculopathy. This request is not medically necessary.