

Case Number:	CM13-0039068		
Date Assigned:	12/18/2013	Date of Injury:	11/20/2012
Decision Date:	02/11/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Diagnostic Radiology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

56-year-old female with date of injury on 11/20/12 presents with neck sprain and right shoulder pain. According to 8/6/13 report, the patient complains of pain to the neck, mid-back and bilateral shoulders with numbness and tingling to both hands. Exam shows cervical spasm, negative Spurling's sign, positive bilateral Neer's test, and positive bilateral Phalen's sign. The request is for 1. EMG of the bilateral upper extremities. 2. NCV of the bilateral upper extremities. 3. MRI of the bilateral wrists. 4. MRI of the bilateral shoulders. 5. MRI of the cervical spine. 6. MRI of the thoracic spine. The patient had EMG/NCV of RUE on 12/27/12, right wrist MRI on 12/5/12, and cervical spine MRI on 9/27/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for electrocardiogram (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve

dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), 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 (page 178.) The patient's symptoms had been chronic, of approximately ten years. The EMG exam from 12/27/12 demonstrated a mild sensory only right carpal tunnel syndrome. It was normal for neuropathy, cervical disk disease, or other nerve entrapments. Since there is no emergence of a red flag, EMG of the bilateral upper extremities is probably not warranted.

Request for nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), 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 (page 178.) The patient's symptoms had been chronic, of approximately ten years. The EMG exam from 12/27/12 demonstrated a mild sensory only right carpal tunnel syndrome. It was normal for neuropathy, cervical disk disease, or other nerve entrapments. Since there is no emergence of a red flag, NCV of the bilateral upper extremities is probably not warranted.

Request for MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out (page 268.) The patient's symptoms had been chronic, of approximately ten years. Patient's MRI of right wrist from 12/5/12 demonstrated mild degenerative changes of the carpal row, mild synovitis, and degenerative change of the triangular fibrocartilage. Since there is no emergence of a red flag, MRI of the bilateral wrists is probably not warranted.

Request for MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 217.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-202.

Decision rationale: Primary criteria for ordering imaging studies are - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) - Failure to progress in a strengthening program intended to avoid surgery. - Clarification of the anatomy prior to an invasive procedure (e.g., a fullthickness rotator cuff tear not responding to conservative treatment) (page 208.) The patient's symptoms had been chronic, of approximately ten years. Since there is no emergence of a red flag, MRI of the bilateral shoulders is probably not warranted.

Request for MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172.

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

Decision rationale: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are - 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 (page 177.) The patient's symptoms had been chronic, of approximately ten years. MRI of cervical spine from 9/27/12 showed degenerative spondylosis with right C3-4 foraminal narrowing. Since there is no emergence of a red flag, MRI of the cervical spine is probably not warranted.

Request for MRI of the thoracic spine: Upheld

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

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

Decision rationale: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are - 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

(page 177.) The patient's symptoms had been chronic, of approximately ten years. Since there is no emergence of a red flag, MRI of the thoracic spine is probably not warranted.