

Case Number:	CM13-0046832		
Date Assigned:	01/03/2014	Date of Injury:	05/29/2009
Decision Date:	03/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of May 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and apparent return to alternate work. It does not appear that the applicant has returned to original occupation at [REDACTED], however. In a Utilization Review Report of October 31, 2013, the claims administrator reportedly denied request for electrodiagnostic testing and MRI imaging of various body parts, stating that the applicant had had prior MRI imaging. The applicant's attorney subsequently appealed. An earlier note of September 12, 2013 is notable for comments that the applicant reports heightened muscle spasms. She has been asked to pursue MRI imaging, weight loss program, and chiropractic manipulative therapy. Lumbar range of motion is reportedly diminished. Left shoulder range of motion is also diminished with a positive impingement sign. Spasm and tenderness are noted about the cervical and lumbar spines. Motor strength and sensation are grossly intact on this date. The applicant has positive knee McMurray signs, it is stated. The applicant is given prescriptions for Soma and Medrox ointment. She is returned to her new job as a caregiver. An earlier note of October 24, 2013 is also notable for comments that the applicant is having ongoing multifocal pain issues. She is having psychological stress as well. Positive signs of internal impingement are present about the left shoulder with decreased range of motion noted about the same. Multiple progress notes interspersed throughout 2013 are noted. The applicant does report persistent complaints of shoulder pain with positive impingement signs noted about the same and restricted range of motion also appreciated in terms of flexion and abduction. An earlier note of August 15, 2013 is notable for comments that the

applicant has massive 1-cm posterior disk herniation at L4-L5 and significant multilevel disk bulges at C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for Both Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12 Table 12-8, page 309, EMG for a clinically obvious radiculopathy is "not recommended." In this case, the attending provider has posited that the applicant has a large herniated disk of 1 cm in size at L4-L5. This is likely the source of the applicant's ongoing lumbar radicular complaints. Electrodiagnostic testing to corroborate the diagnosis of lumbar radiculopathy is not indicated as this diagnosis has already been made both clinically and radiographically. Therefore, the request is also not certified, on Independent Medical Review.

EMG for Both Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing for the diagnosis of nerve root involvement is "not recommended" if history, physical exam, and imaging study findings are consistent with the diagnosis of cervical radiculopathy. In this case, the attending provider has already posited that the applicant has multilevel disk bulges in the cervical spine which are responsible for her ongoing radicular symptoms pertaining to the same. Electrodiagnostic testing is not recommended if the diagnosis of radiculopathy has already been definitively established, both clinically and radiographically. Therefore, the request is not certified, on Independent Medical Review.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 192.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 192, MRI imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, the applicant has already had prior positive cervical MRI imaging testing in the past. There is no evidence that the applicant is now actively contemplating or considering cervical spine surgery. Repeat MRI imaging is, by definition, therefore superfluous. Accordingly, the request is likewise not certified, on Independent Medical Review.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal evidence of nerve compromise on a neurologic exam is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would "consider surgery an option." In this case, however, there is no indication that the applicant is actively contemplating or considering a lumbar spine surgery. The attending provider has posited that the applicant has a massive lumbar disk herniation which is responsible for her ongoing radicular complaints. Repeat MRI imaging is superfluous unless there is some indication that the applicant is actively contemplating lumbar spine surgery. In this case, there is no such evidence. Therefore, the request is not certified, on Independent Medical Review.

Orthopedic Consult Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 209, referral for surgical consultation is indicated for those applicants who have "clear clinical and imaging evidence" of a lesion which has been shown to benefit from surgical repair. In this case, however, there is no indication or evidence that the applicant has evidence of a shoulder lesion amenable to surgical correction. There is no evidence of labral tear, rotator cuff tear, etc. for which the applicant is considering a surgical remedy. Therefore, the request is likewise not certified.