

Case Number:	CM13-0047844		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2013
Decision Date:	07/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery 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 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/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:

This 64-year-old female Community Service Coordinator sustained an industrial injury on 6/18/13. The injury occurred when she attempted to sit on a metal disc seat and fell backwards, landing on her back. The past medical history was positive for lumbar laminectomy and discectomy in 1974. X-rays of the bilateral shoulders and left hip on 8/13/13 were reported essentially normal. The 10/15 13 treating physician report cited persistent neck pain radiating into the upper extremities with numbness and tingling. Low back pain radiated to the lower extremities with numbness and tingling. She had difficulty with activities of daily living. Symptomatology in the bilateral shoulders and hip had not changed significantly. Cervical spine exam revealed cervical paravertebral and upper trapezius tenderness and muscle spasms. Axial loading compression and Spurling's tests were positive. There was dysesthesia at the C5 and C6 dermatomes. A bilateral shoulder exam documented global tenderness, symptoms with internal rotation and forward flexion, no signs of instability, and negative apprehension test. Lumbar exam documented paravertebral muscle tenderness, pain with terminal motion, positive seated nerve root test, and dysesthesia at the L5 and S1 dermatomes. Bilateral hip exam revealed reproducible pain in the posteriolateral hips, including the L5 roots. Internal and external rotation of the hips reproduced the patient's symptoms. There were no signs of instability. The diagnosis was cervical discopathy, lumbar discopathy, carpal tunnel/double crush syndrome, and rule out internal derangement both hips and shoulders. The treatment plan recommended physical therapy 2x4, and diagnostic studies including MRI scans and electrodiagnostic studies. The 10/23/13 utilization review denied the requests for MRIs of the shoulders and hips based on no documented red flags to support the medical necessity of imaging. The bilateral upper and lower extremity EMG requests were denied as there was no documentation to support the medical

necessity. Cervical and lumbar MRIs were certified and may obviate the need for electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, 214.

Decision rationale: The California MTUS ACOEM guidelines do not recommend shoulder imaging during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag is noted. Routine MRI is not recommended for evaluation of shoulder complaints without surgical indications. Guideline criteria for ordering imaging studies 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, or clarification of the anatomy prior to an invasive procedure. Guideline criteria have not been met. The shoulder exam documented global tenderness, non-specific symptoms with motion, no instability, and negative orthopedic testing. There are no clinical shoulder exam findings suggestive of tissue insult or neurovascular dysfunction. Routine imaging is not supported by guidelines. There is limited evidence that comprehensive conservative treatment directed to both shoulders has failed. Therefore, this request for MRI of the shoulders is not medically necessary.

MRI OF THE HIPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvic, MRI (magnetic resonance imaging).

Decision rationale: The California MTUS does not address hip complaints. The Official Disability Guidelines recommend MRI as the most accepted form of imaging for finding avascular necrosis and osteonecrosis. Indications for imaging include osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. Guideline criteria have not been met. The initial left hip x-rays were reported negative. Right hip x-rays are not documented. There is no specific complaint relative to the hips documented. Symptoms are reported unchanged. Symptoms with hip motion are not defined. There is no evidence of instability. There is no evidence that conservative treatment

directed to both hips has failed. Therefore, this request for MRI of the bilateral hips is not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The California MTUS ACOEM guidelines state that EMG is not recommended for diagnosis of cervical nerve root involvement if findings or history, physical exam, and imaging study are consistent. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation pre-operatively or before epidural injection. Guideline criteria have been met at this time. The current clinical exam is suggestive of cervical nerve root involvement. A cervical MRI has been approved. The medical necessity of an EMG prior to obtaining imaging is not established. Therefore, this request for EMG of the bilateral upper extremities is not medically necessary.

EMG OF THE BILATERAL 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): 303-309.

Decision rationale: The California MTUS ACOEM guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. EMG is not recommended for clinically obvious radiculopathy. Guideline criteria have not been met. The current clinical exam is suggestive of lumbar radiculopathy. A lumbar MRI has been approved. The medical necessity of an EMG prior to obtaining imaging is not established. Therefore, this request for EMG of the bilateral lower extremities is not medically necessary.