MAXIMUS Federal Services

Case Number:	CM14-0013173		
Date Assigned:	02/24/2014	Date of Injury:	04/13/2010
Decision Date:	08/12/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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. The expert 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 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 is a 58 year-old female with a 4/13/10 date of injury to the neck, shoulders, and low back after lifting a patient who had fallen. The patient was seen on 12/12/13 with complaints of low back, neck, and shoulder pain. Exam finings revealed tenderness over the paraspinal musculature with decreased range of motion of the spine, increased pain with cervical motion, and a negative Spurling's maneuver. The shoulders were non-tender bilaterally with normal range of motion. Impingement signs were negative bilaterally. There is patchy decreased sensation in the L5 distribution in the right lower extremity. Straight leg raise is positive. Treatment to date has been physical therapy, medications, and cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS criteria for imaging include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an

invasive procedure. In addition, the Official Disability Guidelines criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. This patient's shoulder exams were completely normal as of 12/12/13. There was no evidence of impingement, or tenderness, and range of motion was normal. Thus, the rational for an MRI of the shoulders is unclear. Therefore, the request is not necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS states that electromyography (EMG), including H-reflex tests, is indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, the Official Disability Guidelines state that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. This patient has symptoms of decreased sensation in the L5 distribution in the right leg on the basis of radiculopathy. There are no clinical findings to suggest neurological deficits in the left extremity. Therefore, the request as submitted is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: NCS is not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This patient has symptoms of decreased sensation in the L5 distribution in the right leg on the basis of radiculopathy. There are no clinical findings to suggest neurological deficits in the left extremity. Therefore, the request as submitted is not medically necessary.