

Case Number:	CM14-0110388		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2013
Decision Date:	09/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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:

The injured worker is a 47-year-old female with a reported date of injury on 08/17/2013. The mechanism of injury reportedly occurred when the worker was transferring a client weighing approximately 165 pounds from her bed to a wheelchair when the client began to wobble and fell. The injured worker felt a sudden pop in her right shoulder. The injured worker's diagnoses include cervical musculoligamentous sprain/strain with radiculitis, cervical spine discogenic disease, and right shoulder sprain/strain. Previous conservative care included physical therapy, activity modification, chiropractic care, and the utilization of a transcutaneous electrical nerve stimulation (TENS) unit. Diagnostic studies included MRI of the right shoulder on 10/10/2013 which revealed minimal supraspinatus tendinosis with no evidence of rotator cuff tear or labral tear, minimal degenerative changes of the acromioclavicular joint with 6mm subacromial space, and minimal fluid in the subdeltoid bursa. Other diagnostic studies included MRI of the cervical spine performed on 08/04/2014 which was noted to reveal no misalignment, bone marrow signal abnormality, scoliosis, or a focal lesion. It was noted to reveal 1mm C2-3, C4-5, and C5-6 disc bulges effacing the ventral thecal sac and narrowing of the lateral recesses as described exacerbated by disc desiccation and spondylosis deformans. Surgical history was not provided within the documentation available for review. The injured worker's most recent clinical note dated 06/25/2014, indicated the injured worker presented with neck pain, and right shoulder pain. Upon physical examination, the cervical spine presented with tenderness to palpation in the bilateral paraspinal muscles/right trapezius muscles and right levator scapulae muscle. In addition, the injured worker presented with right shoulder tenderness to palpation anteriorly/laterally with decreased range of motion on forward flexion/extension/internal rotation, positive Neer's supraspinatus test. The physician indicated the injured worker presented with decreased motor strength, right shoulder flexion, abduction, internal rotation, external

rotation, and decreased sensation at the right lateral forearm and hand/middle finger. The clinical information provided for review indicates the injured worker is not utilizing any medication. The rationale for the request was not provided within the documentation available for review. The request for authorization of MRI of the cervical spine, electromyography (EMG) of the bilateral upper extremities, nerve conduction velocity (NCV) of the bilateral upper extremities, functional capacity evaluation, purchase of an interferential unit, and a hot and cold unit was submitted on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Multiple Neurological Abnormalities that Span More Than One Neurological Root Level" (Kulkarni 87, Tarr 8, Mrlvsls 88, Benzel 96, Orrison 95).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: MTUS ACOEM Guidelines state that criteria for ordering imaging studies are: emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Physiological evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a visual analogue scale (VAS) pain scale. There is a lack of documentation related to the injured worker's signs and symptoms of radiculopathy. In addition, the injured worker had a cervical MRI dated 08/04/2014 which was noted to reveal 1mm C2-3, C4-5, and C5-6 disc bulges which is not an indication of radiculopathy. The rationale for the request for a repeat cervical spine MRI was not provided within the documentation available for review. Therefore, the request is not medically necessary.

EMG Bilateral Upper Extremities: 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): EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: MTUS ACOEM Guidelines state that physiological evidence may be in the form of definitive neurological findings on physical exam, electrodiagnostic studies, laboratory

tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both lasting more than 3 or 4 weeks. The clinical information provided for review indicates the injured worker's range of motion was within normal limits, sensory exam was within normal limits, and the strength was rated at 5/5. The clinical note dated 06/25/2014 lacks documentation related to the injured worker's functional deficits to include range of motion values and/or symptoms or red flags of a significant change in functional status. The rationale for the request was not provided within the documentation available for review. In addition, the injured worker had an MRI of the cervical spine dated 08/04/2014 which revealed a 1mm C2-3, C4-5, and C5-6 disc bulge which is not an indication of radiculopathy. Therefore, the request is not medically necessary.

NCV Bilateral Upper Extremities: 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): NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: MTUS ACOEM Guidelines state that physiological evidence may be in the form of definitive neurological findings on physical exam, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both lasting more than 3 or 4 weeks. The clinical information provided for review indicates the injured worker's range of motion was within normal limits, sensory exam was within normal limits, and the strength was rated at 5/5. The clinical note dated 06/25/2014 lacks documentation related to the injured worker's functional deficits to include range of motion values and/or symptoms or red flags of a significant change in functional status. The rationale for the request was not provided within the documentation available for review. In addition, the injured worker had an MRI of the cervical spine dated 08/04/2014 which revealed a 1mm C2-3, C4-5, and C5-6 disc bulge which is not an indication of radiculopathy. Therefore, the request is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE).

Decision rationale: The Official Disability Guidelines recommend functional capacity evaluations prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. The clinical note dated 11/20/2013 indicates the range of motion throughout is within normal limits, motor strength was rated at 5/5 throughout, and the sensory exam was within normal limits. In addition, the clinical note indicates the injured worker returned to permanent work with no restrictions. The clinical note dated 06/25/2014 indicates the injured worker is working a full-time job and a part-time job and continues to work with restrictions. There is a lack of documentation provided indicating the injured worker's functional deficits to include range of motion values in degrees and the utilization of pain scale. There is a lack of documentation related to the change in functional status. The rationale for the request was not provided within the documentation available for review. Therefore, the request is not medically necessary.

Purchase of Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: MTUS Guidelines state that transcutaneous electrical therapy represents the therapeutic use of electricity as another modality that can be used in the treatment of pain. Transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of the TENS unit would include documentation of pain of at least 3 months duration; and there is evidence that other appropriate pain modalities have been tried including medications and failed. A 1 month trial period of a TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatments should also be documented during the trial period including medication usage. In addition, there should be a treatment plan including the specific short-term and long-term goals of treatment with a TENS unit. The clinical information provided for review indicates the injured worker had no pain, range of motion within normal limits, sensory exam normal, and motor strength normal. The clinical note dated 06/25/2014 lacks documentation of the injured worker's range of motion values and the utilization of a VAS pain scale. The rationale for the request was not provided within the documentation available for review. In addition, the clinical information lacks documentation related to the injured worker's medication regimen. There is a lack of documentation related to the utilization of medication and the subsequent failure. There is a lack of documentation related to the use of a TENS unit in

adjunct to a functional restoration program. In addition, the specific short-term and long-term goals of treatment with a TENS unit was not provided within the documentation available for review. Therefore, the request is not medically necessary.

Hot and Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Cold packs.

Decision rationale: The Official Disability Guidelines recommend cold packs. Insufficient testing exists to determine effectiveness, if any, of hot and cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local application of cold packs may be applied during the first few days of symptoms followed by applications of heat packs to suit the patient. The clinical note dated 11/20/2013 indicates the injured worker was returned to work at full duties without restrictions. The injured worker presented with full range of motion, strength, and neurologically intact. The clinical note dated 06/25/2014 indicates the injured worker has decreased range of motion. The most recent clinical note, lacks documentation related to the injured worker's functional deficits to include the change of status after the visit dated 11/20/2013. The rationale for the request was not provided. In addition, the request as submitted fails to provide a specific site at which the hot and cold packs were to be utilized. Therefore, the request is not medically necessary.