

Case Number:	CM14-0119617		
Date Assigned:	08/06/2014	Date of Injury:	04/01/2014
Decision Date:	09/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 39-year-old female who reported an injury on 04/01/2014. The mechanism of injury was a repetitive stress injury. The diagnoses included cervical myofascial discogenic pain, rule out disc protrusion; right upper extremity repetitive stress injury versus radicular syndrome; and right shoulder strain. The previous treatments included physical therapy and medication. Within the clinical note dated 07/10/2014, it was reported the injured worker complained of neck and right shoulder/arm pain with numbness and tingling, burning around the shoulder blade and arm. She rated her pain at 7/10 in severity with numbness and tingling in the arm. Upon the physical examination, the provider noted the injured worker's cervical range of motion was forward flexion at 45 degrees, and extension at 45 degrees. The injured worker had tenderness over the trapezius bilateral, splenius capitis bilateral. The provider noted the injured worker had a positive Spurling's test on the right and an impingement test. The provider indicated the injured worker had tenderness over the supraspinatus, pectoralis anterior, deltoid bursa, and bilateral epicondyles. The range of motion of the bilateral shoulders was normal in flexion and extension. The provider noted the sensory exam, motor strength, and deep tendon reflexes exam were all normal. The provider requested an MRI of the cervical spine, MRI of the right shoulder, EMG of the right upper extremity to rule out any underlying nerve root injury, and NCV of the right upper extremity. The Request for Authorization was provided and submitted on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

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

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

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines note that criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There is a lack of documentation indicating neurological deficits of the cervical spine to warrant further evaluation with imaging. There is a lack of documentation indicating decreased strength or reflexes. There is a lack of documentation indicating the injured worker had tried and failed on conservative therapy. There is a lack of significant deficits in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

MRI Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for MRI of the right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines note for most patients with shoulder problems, special studies are not needed unless a 4 to 6-week period of conservative care and observation failed to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There is a lack of documentation indicating the injured worker had tried and failed on an at least 4 to 6 week period of conservative care. There is a lack of documentation indicating the provider had a concern about red flag diagnoses. Therefore, the request is not medically necessary.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Nerve Conduction Studies.

Decision rationale: The request for an EMG of the right upper extremity is not medically necessary. The California MTUS Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 4 to 6-week period of conservative care and observation failed to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocities (including H-Reflex) may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. There is a lack of documentation indicating the injured worker tried and failed on at least 4 to 6 weeks of conservative care. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Nerve Conduction Studies.

Decision rationale: The request for an NCV of the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines recommend electrodiagnostic studies for physical evidence of tissue damage or neurological dysfunction. The Official Disability Guidelines do not recommend an NCV to demonstrate radiculopathy, if radiculopathy has already been clearly identified by an EMG and obvious clinical signs, but recommend it if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes, if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms basis on the basis of radiculopathy. There is a lack of documentation indicating the injured worker tried and failed on conservative care. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.