

Case Number:	CM14-0135407		
Date Assigned:	08/29/2014	Date of Injury:	08/18/2011
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 69 year old female who reported an injury 08/18/2011 due to lifting. Diagnoses included left shoulder strain with cervical radiculitis. Prior treatment included medications, physical therapy prior and post shoulder surgery, and an epidural injection into the C5 area. Diagnostic studies included x-rays of the cervical spine on 06/07/2013 findings included wide spread mild degenerative disc disease and spondylosis, and an unofficial MRI of cervical spine which was performed on 10/18/2011 which revealed findings included full thickness tear of the supraspinatus muscle with degenerative changes in the left AC joint, and multilevel degenerative disc disease, and an EMG/NCV on 12/07/2011 which showed a left C5 radiculopathy and bilateral carpal tunnel syndrome. The injured worker underwent surgery to the left shoulder and left wrist on 03/16/2012. The injured worker complained of continuous pain to neck which radiated to the shoulder and arm. The clinical note dated 06/04/2014 noted the injured worker had decreased range of motion of the cervical spine with pain. The injured worker had a weakly positive Spurling's test on the left. The impingement sign was equivocal at the left shoulder. Tinel's and Phalen's signs were negative at the carpal tunnels and grip strength was diminished. Medications included Celebrex, Voltaren, and Mentherm gel. The treatment plan was for an MRI of the cervical spine and upper extremity EMG/NCS. The provider was requesting an EMG and nerve conduction study to rule out a double-crush phenomenon, and an MRI scan of cervical spine to rule out any underlying cervical pathology which may be contributing to ongoing upper extremity and shoulder complaints, and cervical spine evaluation. The request for authorizations form was submitted 05/01/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Imaging MRI (Magnetic Resonance Imaging)

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

Decision rationale: The injured worker had a weakly positive Spurling's test on the left. Tinel's and Phalen's signs were negative at the carpal tunnels and grip strength was diminished. The injured worker underwent surgery to left shoulder and left wrist on 03/16/2012. The Official Disability Guidelines state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The documentation noted an unofficial MRI of the cervical spine was performed on 10/18/2011 findings included full thickness tear of the supraspinatus muscle with degenerative changes in the left AC joint, and multilevel degenerative disc disease prior to surgery. The requesting physician did not provide the official report from the prior MRI. The injured worker had a weakly positive Spurling's on the left; however, the documentation does not indicate the injured worker had diminished sensation, decreased reflexes, or significant weakness. The documentation provided does not indicate progressive neurological deficit. There is no evidence of a significant change in symptoms and findings suggestive of significant pathology. Therefore the request for an MRI of cervical spine is not medically necessary.

Upper Extremity EMG/NCS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Protocols for Electrodiagnostic Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel, Nerve conduction studies (NCS) and Electromyography (EMG).

Decision rationale: The injured worker complained of continuous pain to neck that radiates to shoulder and arm. The injured worker had an EMG/NCV on 12/07/2011 which showed a left C5 radiculopathy and bilateral carpal tunnel syndrome. The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The Official Disability Guidelines recommend nerve conduction studies for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The guidelines indicate electromyography is recommended

only in cases where diagnosis is difficult with nerve conduction studies. There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. Upon physical examination the injured worker has findings which indicate neurologic deficit. There is lack of documentation to indicate neurological deficits or worsening symptoms. However, a nerve conduction study of the right upper extremity was performed on 12/07/2011 which revealed carpal tunnel syndrome and left C5 radiculopathy. Given that the prior electro diagnostic study showed moderate carpal tunnel syndrome and C5 radiculopathy at left C5 there is no evidence of a change in the injured worker's presentation, a repeat electrodiagnostic study would not be indicated. Therefore, the request for EMG/NCS of upper extremity is not medically necessary.