

Case Number:	CM14-0159063		
Date Assigned:	10/02/2014	Date of Injury:	07/14/2014
Decision Date:	12/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Interventional Spine 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 patient is a 43-year-old female with date of injury of 07/14/2014. The treating physician's listed diagnoses from 08/04/2014 are: 1. Clinical evidence of disk herniation at the C5 - 6 articulation 2. Left shoulder rotator cuff tear with possible labral tear 3. Right wrist triangular fibrocartilage tear 4. Disc herniation of the lumbar spine at L5 - S1 level According to this report the patient complaints of neck pain with radiation to the left shoulder, left shoulder pain, and right wrist with numbness and tingling in all 5 fingers of the left hand. She also reports clicking and catching of the right hand without numbness or tingling. The patient also reports mid and lower back pain with radiation to the bilateral buttocks and legs with some numbness tingling and weakness of the legs. She is currently working performing her usual and customary job duties. The examination of the left shoulder reveals marked tenderness over the anterior aspect of the shoulder. Range of motion is decreased. There is marked tenderness in the bilateral hands and wrists consistent with triangular fibrocartilage tear. There is swelling in the area with decreased sensation to light touch in all 5 fingers of the left hand. Palpation of the lumbar spine reveals marked tenderness and spasm. Supine and active leg raising is positive at 60 on the left. The documents include progress reports from 07/16/2014 to 09/15/2014. The utilization review denied the request on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Web-based Version, Chapter 8 Neck and Upper Back Complaints and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 181-183

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

Decision rationale: This patient presents with neck, left shoulder, right wrist, and low back pain. The physician is requesting an MRI of the cervical spine from the 08/28/2014 report. The ACOEM Guidelines has the following criteria for ordering imaging studies on page 177 and 178: (1) emergence of a red flag, (2) physiologic evidence of tissue insult or neurologic dysfunction, (3) failure to progress in the strengthening program intended to avoid surgery, (4) clarification of anatomy prior to invasive procedure. The records do not show an MRI of the cervical spine. The physician does not provide a rationale for the request. The 08/04/2014 report notes that the patient continues to complain of neck pain radiating to the left shoulder with numbness and tingling in all 5 fingers of the left hand. Neurogenic compression tests are positive on the left. The physician references in this report an x-ray of the cervical spine (date unknown), that showed loss of cervical lordosis. Given the patient's radiating symptoms and positive compression test, the request is reasonable to rule out other pathology. The request is medically necessary.

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: This patient presents with neck, left shoulder, right wrist, and low back pain. The physician is requesting an MRI of the left shoulder from the 08/28/2014 report. The ACOEM Guidelines pages 207 to 208 the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The records do not show an MRI of the left shoulder. The physician is requesting an MRI of the left shoulder to rule out possible labral tear. The 08/04/2014 report shows marked tenderness over the anterior aspect of the shoulder and decreased range of motion. Supraspinatus motor strength is 4+/5. Impingement tests I and II are positive. The physician also referenced an x-ray of the left shoulder, date unknown, that showed acromial spurring. The patient does not present with red flag symptoms, and the x-ray performed for the left shoulder showed no fracture

or dislocation. The patient does not present with significant change in symptoms or a clinical presentation to warrant an MRI of the left shoulder. The request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the right wrist: 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) Integrated Treatment/Disability Duration Guidelines, Indications for Imaging, Magnetic Resonance Imaging (MRI) and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 308-310

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) Forearm, Wrist, & Hand (Acute & Chronic) Chapter, MRI's (Magnetic Resonance Imaging)

Decision rationale: This patient presents with neck, left shoulder, right wrist, and low back pain. The physician is requesting an MRI of the right wrist from the 08/28/2014 report. ACOEM guidelines Chapter 11 pages 268-269 has the following regarding special studies and diagnostic and treatment considerations: "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation." For MRI of the wrist, the ODG guidelines states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis." The ODG guidelines discuss MRI of the wrist with further information that indicates MRI of the wrist is recommended for suspect soft tissue tumor and avascular necrosis. The records do not show an MRI of the right wrist. The physician is requesting an MRI to rule out possible triangular fibrocartilage tear. The x-ray of the right hand and wrist referenced from the report from 08/04/2014 showed mild soft tissue swelling on the dorsal aspect of the wrist. The examination from this same report showed swelling in the area and marked tenderness over the right the wrist. In this case, this patient does not present with any red flag symptoms including neurologic deficits, suspect soft tissue tumor or avascular necrosis that would warrant the need for an MRI. The request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Web-based Version, Chapter 8 Neck and Upper Back Complaints and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 181-183

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRIs (Magnetic Resonance Imaging)

Decision rationale: This patient presents with neck, left shoulder, right wrist, and low back pain. The physician is requesting an MRI of the lumbar spine from the 08/28/2014 report. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The records do not show an MRI of the lumbar spine. The physician is requesting an MRI to further assess the patient's pathology. The 08/04/2014 report references an x-ray of the lumbar spine, date unknown, which showed loss of lumbar lordosis with mild degenerative disc disease at L5 - S1 levels. In this same reports the examination shows normal posture and lordosis. Palpation of the lumbar spine reveals marked tenderness and spasm. Supine and active straight leg raise is positive at 60 on the left. Given the patient's radiating symptoms, an MRI is reasonable to rule out other pathology. The request is medically necessary.

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the left upper extremity:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Web-based Version, Chapter 8 Neck and Upper Back Complaints and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 181-183

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, Electromyography (EMG)

Decision rationale: This patient presents with neck, left shoulder, right wrist, and low back pain. The physician is requesting an EMG/NCV of the left upper extremity from the 08/28/2014 report. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any EMG/NCV of the left upper extremity. The 08/04/2014 report notes that the patient continues to complain of neck pain with radiation to the left shoulder including right wrist pain with numbness and tingling and all 5 fingers of the left hand, as well as clicking and catching of the right hand. Two-point discrimination is 7mm in all 5 fingers of the left hand. There is marked tenderness over the right wrist with clicking and catching consistent with triangular fibrocartilage tear. Grip strength is 10/10/0 on the right and 58/15/40 on the left. There

is decreased light touch sensation in all 5 fingers of the left hand. The patient does present with radicular symptoms for which an EMG/NCV study is indicated. The request is medically necessary.