MAXIMUS Federal Services

Case Number:	CM14-0171330		
Date Assigned:	10/23/2014	Date of Injury:	04/04/2013
Decision Date:	12/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, neck pain, shoulder pain, wrist pain, knee pain, and hand pain reportedly associated with an industrial injury of April 4, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; unspecified amounts of acupuncture; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and earlier shoulder surgery.In a utilization review report dated October 3, 2014, the claims administrator denied cervical MRI imaging and denied electrodiagnostic testing of the bilateral upper extremities. The claims administrator denied to invoke any guidelines in its rationale and stated that the attending provider's paucity of supporting information made it difficult to select proper guidelines. Overall, utilization review rationale was quite sparse. The claims administrator stated that his decision was based on the September 12, 2014, progress note and associated September 23, 2014, request for authorization (RFA) form. The applicant's attorney subsequently appealed.On April 18, 2014, progress note, the applicant reported multifocal complaints of neck pain, shoulder pain, knee pain, 7/10 to 8/10. The applicant exhibited a visibly antalgic gait and a mildly positive Spurling maneuver about the cervical spine. Diminished grip strength was noted. The applicant was given the diagnoses of shoulder impingement syndrome status post earlier shoulder surgery, left knee patellofemoral syndrome, lumbar radiculopathy, wrist contusion, and cervical strain. Topical compounded medications were endorsed while the applicant was placed off of work, on total temporary disability. On July 18, 2014, it was acknowledged that the applicant still had persistent complaints of shoulder, neck, and knee pain and was not working owing to the same. On May 16, 2014, the applicant was given a trigger point injection to the knee/thigh area and placed off of work, on total temporary disability. On June 30, 2014, the applicant was declared permanent and stationary.

Permanent work restrictions were issued. The applicant was given a 44% whole-person impairment rating. The applicant was not working as of that point in time. By July 29, 2014, the applicant had transferred care to a new primary treating provider, who ordered an MR arthrogram of the right shoulder, an internist consultation for diabetes, and a psychiatry consultation for depression. It was incidentally noted that the applicant had returned to work on June 16, 2014. The new provider acknowledged that the applicant had undergone several MRI studies of the neck, back, and shoulder. The applicant did report ongoing complaints of neck pain, exacerbated by twisting, turning, and lifting. The applicant reported paresthesias about the right hand and fingers, it was further noted. The applicant was diabetic, it was further noted. Hyposensorium was noted about the right arm with positive right-sided Tinel's and Phalen's signs. In a September 12, 2014, appeal letter, the attending provider noted that the applicant had ongoing complaints of neck pain radiating into the right upper extremity. 4/5 shoulder strength was noted. Hyposensorium was noted about the right C6 dermatome. The attending provider stated that the applicant had had an MR arthrogram of the shoulder which was negative for any rotator cuff re-tear. Additional acupuncture was sought. An orthopedic shoulder surgery referral was endorsed. The attending provider stated that the applicant had ongoing issues with cervical radiculopathy and/or worsening diabetes present here.

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 without contrast: 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 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging is "recommended" to validate a diagnosis of suspected nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention that the applicant is actively considering or contemplating any kind of surgical intervention or invasive procedure involving the cervical spine on or around the date in question. There is no mention or discussion of the applicant's willingness to act on the results of the proposed cervical MRI. The multiplicity and multifocal nature of the applicant's complaints, which include the lumbar spine, right shoulder, right hand, right hip, and left knee, among other body parts, furthermore, would seemingly argue against the presence of any focal neurologic compromise referable to the cervical spine, it is further noted. There was, furthermore, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed cervical MRI and/or consider surgical intervention involving the same based on the outcome of the study in question. Therefore, the request is not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272; 261.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic studies, including the EMG and NCV at issue, can help to differentiate between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy, this recommendation, however, is qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." Here, all of the applicant's radicular versus diabetic neuropathic versus carpal tunnel syndrome symptoms are confined to the symptomatic right upper extremity. Multiple progress notes, referenced above, alluded to the applicant's reporting complaints of neck pain, right upper extremity pain, right upper extremity paresthesias, and positive Tinel's and Phalen's signs about the right wrist. There was no mention of the applicant as having similar symptomatology about the left wrist. Since the proposed EMG-NCV testing of the bilateral upper extremities would, by implication, involve testing of the asymptomatic left upper extremity, the request cannot be supported as it runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.