

Case Number:	CM14-0034052		
Date Assigned:	04/30/2014	Date of Injury:	12/15/2007
Decision Date:	06/09/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 patient is a 68 year old male who was injured on 12/15/2007 while he was pulling, he lost his balance and fell forward against the pallet. He used his right arm to keep from falling. He stuck primarily his right side on the pallet with great force. He noted pain in his neck, right shoulder, and both arms. Prior treatment history has not been submitted in the records except the medications which include methotrexate, Prednisone, Naprosyn and Folic acid. Diagnostic studies reviewed include MRI of shoulder dated 03/17/2014 reveals cuff tendonosis. Radiograph of cervical spine dated 01/30/2014 reveals the odondoid view is clear of fracture. Lordosis is absent. There are advanced degenerative changes noted from C4 to C7. There is a vacuum disc phenomena at C4-C5 and C5-C6. There is foraminal stenosis noted bilaterally at C4-C5 on the oblique films. There is mild to moderate stenosis at all levels bilaterally on oblique views. Initial Orthopedic evaluation dated 01/30/2014 states the patient has complaints of intermittent mild to occasionally moderate pain in his neck with radiation into the right arm. Occasional grinding in his neck. He has limited range of motion and pain with overhead reaching and looking up and he has difficulty sleeping. The patient also complains of intermittent to moderate to severe pain in the right shoulder radiating down the arm to the hand and fingers. There is limited range of motion. The patient has numbness of the shoulder to the fingertips and has difficulty with activities of daily living and using his right arm at or above shoulder level. The patient notes weakness of grip. His complaints are worse with cold weather. He complains of swelling of the wrist with intermittent to moderate pain. Objective findings on exam revealed cervical spine is absent of lordosis. The range of motion of the cervical spine exhibits flexion to 45; extension to 20; right rotation to 30; left rotation to 25. Hoffman signs are negative. Motor evaluation of the upper extremity is 56/5 of all muscle groups bilaterally. Gross sensory acuity is well maintained and bilaterally symmetrical in all upper dermatomes. Deep tendon reflexes are

2+ at the biceps of the right and absent on the left. Triceps and brachioradialis are 2+ bilaterally. Grip strength tested and reveals: right is 4/2/2 kg of force; left: 0/0/2 kg of force. Right shoulder range of motion is decreased in all directions. Diagnoses are cervical spine strain/sprain; contusion/sprain right shoulder. The patient was dispensed Soma 350 mg #60 and Terocin cream 120 ml. There is a request for an authorization for MRI scan of the cervical spine and right shoulder; EMG testing of the bilateral upper extremities.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the California MTUS Guidelines MRI is recommended to identify an anatomic defect although it has false positive diagnostic findings up to 30% of people without symptoms at age 30. According to the ODG, MRI is not recommended except for these indications: Chronic neck pain with normal radiograph, neurologic signs or symptoms present. 2) Neck pain with radiculopathy if severe or progressive neurological test deficits 3) Chronic neck pain, radiograph show spondylosis, neurologic signs or symptoms present; chronic neck pain radiograph show old trauma, neurologic signs or symptoms present 5) Chronic neck pain radiograph show bone or disc margin destruction 6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiograph and/or CT normal. The medical records document the patient was diagnosed with cervical spine sprain/strain. The radiograph dated 01/30/2014 revealed advanced degenerative change noted from C4-C5 to C7 with foraminal stenosis noted bilaterally at C4-C5 on oblique films. The initial orthopedic evaluation dated 01/30/2014 revealed in physical examination, there is a decrease in grip strength in the left hand with absent biceps deep tendon reflex on the left side. In the presence of documented degenerative change in the radiograph image and absent deep tendon reflex of the left biceps side and a decrease in grip strength of the left hand, the request meets the guidelines criteria.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS guidelines have not addressed the issue of dispute specifically. According to the ODG, electromyography (EMG) is recommended as an option in selected cases. The indication particularly helpful in patients with double crush phenomena, in

particular when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease or evidence of peripheral compression such as carpal tunnel syndrome. The medical records document the patient was diagnosed with cervical spine sprain, contusion/sprain of right shoulder. In the absence of clear signs and symptoms of radiculopathy or signs of double crush phenomenon, the request is not medically necessary according to the guidelines. In addition, a cervical spine MRI is also requested and determined to be medically necessary. It may be reasonable to evaluate the result of the cervical spine MRI first, then determine if upper extremity EMG/NCS is needed. Therefore, the request of upper extremity EMG is not medically necessary at this time.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve conduction studies (NCS).

Decision rationale: The California MTUS guidelines have not addressed the issue of dispute. According to the ODG, NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. But, recommended if the EMG is not clearly radiculopathy or clearly negative or to different shape radiculopathy from other neuropathy or non-neuropathic process if other diagnosis maybe likely based on the clinical exam. While cervical electrodiagnostic studies are not necessary to demonstrate cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in over treatment. In the absence of clear signs and symptoms of brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, the request is not medically necessary according to the guidelines. In addition, a cervical spine MRI is also requested and determined to be medically necessary. It may be reasonable to evaluate the result of the cervical spine MRI first, then determine if upper extremity NCS/EMG is needed. Therefore, the request of upper extremity NCS or NCV is not medically necessary at this time.