MAXIMUS Federal Services

Case Number:	CM14-0190105		
Date Assigned:	12/16/2014	Date of Injury:	12/02/2013
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 injured worker is a 49-year-old male with date of injury of 12/02/2013. The listed diagnoses from 04/08/2014 are: 1. Thoracic spine sprain/strain.2. Lumbar spine sprain/strain.3. Right shoulder rotator cuff syndrome.According to this handwritten report, the injured worker complains of right shoulder pain at a rate of 9/10. He also complains of thoracic spine pain at a rate of 8/10 and low back pain at a rate of 8/10. The examination shows tenderness to the right shoulder with diffuse spasms to the right pectoralis with restricted range of motion. There is tenderness to the thoracic and lumbar spine with active range of motion. No other findings were noted on this report. The documents include physical therapy reports from 02/11/2014 to 05/17/2014, x-rays of the lumbar spine, thoracic spine, right shoulder from 04/10/2014, echocardiography report from 04/18/2014, anatomical impairment measurements report from 08/18/2014 and progress reports from 01/31/2014 to 05/17/2014. The utilization review denied the request on 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Scan of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter on MRI

Decision rationale: This injured worker presents with right shoulder, thoracic spine and low back pain. The treating physician is requesting a Magnetic Resonance Imaging (MRI) Scan of the Right Shoulder. The ACOEM Guidelines page 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. ODG supports MRI of the shoulder when there is suspicion of rotator cuff tear. The records do not show any previous MRI of the right shoulder. The x-ray of the right shoulder from 04/10/2014 showed degenerative marginal osteophyte of the articular surface of the distal clavicle. In this case the treating physician has documented continued pain in the shoulder and there is suspicion of rotator cuff tear. The request is medically necessary.

Magnetic Resonance Imaging (MRI) Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: This injured worker presents with right shoulder, thoracic spine, and low back pain. The treating physician is requesting a Magnetic Resonance Imaging (MRI) Scan of the Lumbar Spine. 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 reserve 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 any previous MRI of the lumbar spine. The x-ray of the lumbar spine from 04/10/2014 showed a levoconvex scoliosis, degenerative marginal osteophyte of the right lateral and left lateral endplates of L2 and L4 and the anterior-superior and anterior-inferior endplates of L4 and L5. The examination from the 04/08/2014 report shows no radicular symptoms, no neurological or sensory examination findings that would warrant the need for an MRI. The request is not medically necessary.

One urinalysis for toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This injured worker presents with right shoulder, thoracic spine, and low back pain. The treating physician is requesting One Urinalysis for Toxicology. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. The records show 2 urine drug screens from 04/08/2014 and 05/17/2014. The records show that the injured worker is currently not taking any opiates. Urine drug screens are recommended for patients taking opiates/narcotics. The request is not medically necessary.

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: This injured worker presents with right shoulder, thoracic spine and low back pain. The treating physician is requesting Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Lower Extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous EMG/NCV of the bilateral lower extremities. The 03/13/2014 report notes that the injured worker experiences constant slight to intermittent moderate and occasionally severe mid and low back pain with radiation. His pain increases with prolonged standing, walking or sitting. The injured worker rates his pain at 9/10. The examination shows the injured worker has a normal gait. There is normal kyphotic curvature of the spine. There is 2+ tenderness to palpation over the paraspinal muscles of the thoracic spine bilaterally. Active range of motion is diminished. Kemp's test is positive bilaterally. Motor strength is 5/5, sensation is intact. There is no diagnosis of radiculopathy, there are only subjective radicular complaints into the lower extremities and the examination does not show any neurological or sensory deficits that would warrant an EMG/NCV. The request is not medically necessary.