

Case Number:	CM14-0204091		
Date Assigned:	12/16/2014	Date of Injury:	01/13/2010
Decision Date:	02/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

61 yr. old female claimant sustained a work injury on 1/13/10 involving the neck, back and left shoulder. She was diagnosed with cervical disc protrusion, lumbar disc protrusion, left shoulder impingement and cervical radiculitis. Progress note on October 29, 2014 indicated the claimant had sharp pain involved areas. Exam findings were notable for headaches with cervical range of motion. The trapezial muscles were tender to touch. There was limited range of motion in the lumbar spine. The left shoulder was tender in the AC joint. The treating physician ordered an MRI of the neck, shoulders, lumbar spine and an EMG/NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: 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); Shoulder-MRI (Magnetic Resonance Imaging); Neck and Upper Back Chapter: Indications for Imaging-MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.

EMG/NCV of the bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; Electrodiagnostic Testing (EMG/NCV)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCV and Neck Pain.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for diagnosis for nerve root involvement, if exam and clinical findings are consistent with history. An EMG is recommended to clarify nerve root dysfunction in cases of suspected herniation pre-operatively or before and epidural injection. In this case, the clinical presentation did not indicate the above diagnoses nor was there a plan for a procedure. According to the guidelines, an NCV is not recommended. The request for an EMG/NCV is not medically necessary.