

Case Number:	CM15-0008825		
Date Assigned:	01/26/2015	Date of Injury:	04/13/2014
Decision Date:	05/22/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained a work related injury on 04/13/2014. According to an Initial Orthopedic Evaluation dated 11/05/2014, the injury occurred when she was emptying bins into a trash can. A customer entering the cash register lane forcefully struck her right shoulder with a shopping cart. She noted immediate pain at the right shoulder. Presently the IW reported intermittent moderate and occasionally severe neck pain. Pain radiated down the right upper extremity to the forearm. Her neck pain was reduced significantly with chiropractic treatment. She also reported moderate pain in the right shoulder with limited range of motion with occasional weakness of the right upper extremity. Cervical spine range of motion was decreased. Spurling's test, Axial Compression, and Cervical Distraction were negative. Range of motion of the right shoulder was decreased. Neer Impingement, Hawkins', supraspinatus/empty can, Sulcus sign and Speed's was positive on the right. Radiographic imaging of the cervical spine revealed loss of cervical spine lordosis. There was decreased disc height at C5-6. There were bridging osteophytes at the C4-5, C5-6 and C6-7 levels with spondylosis most significant at the C5-6 and C6-7 levels. Radiographic imaging of the right shoulder revealed large inferior acromioclavicular osteophytes with severe narrowing of the acromiohumeral interval with outlet obstruction. Treatment plan included MRI scan of the cervical spine to rule out herniated nucleus pulposus, Electromyography/Nerve Conduction Studies of the upper extremities and right shoulder arthroscopy with rotator cuff repair and subacromial decompression. The IW is also having arthroscopic surgery of the right shoulder with post-operative physical therapy. Current work status is temporarily totally disabled. On 12/12/2014, Utilization Review non-

certified MRI of the cervical spine and Electromyography/Nerve Conduction Studies of the bilateral upper extremities. According to the Utilization Review physician in regard to the MRI, there were no red flag signs relative to the cervical spine. The findings of the x-ray of these body parts showed minimal pathology. No plans for treatment were documented. In regard to the Electromyography and Nerve Conduction Studies, there was no rationale to believe that any radiculopathy or peripheral neuropathy condition exists. Guidelines cited for this review included CA MTUS/ACOEM Chapter 8, Table 8-7 Special Studies and Diagnostic and Treatment Considerations and CA MTUS ACOEM Forearm, Wrist and Hand Complaints. The decision was appealed for an Independent Medical Review.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 182.

Decision rationale: Ca MTUS ACOEM guidelines for neck and upper back complaints outline specific instances when an MRI of the cervical spine is indicated. These guidelines recommend an MRI if an Injured Worker has red flags for serious condition. Beyond these red flag conditions, MRI is recommended for evaluation of spinal stenosis in patients who have neck, shoulder and posterior arm pain with paresthesias in the same distribution of pain. The other instance is for people who are post cervical spine laminectomy. The submitted documentation states the Injured Worker has occasional pain that radiated down the right upper extremity to the forearm. She denies numbness and tingling to the upper extremities. His does not support the pain is in the posterior aspect of the arm and there is no paresthesia. The Injured Worker has not have surgery to her cervical spine. Without the specific indications for an MRI as set forth in the recommendations, an MRI of the cervical spine is not medically necessary.

EMG/NCS 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 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back - electromyography.

Decision rationale: CA MTUS ACEOM guidelines recommend EMG studies to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. These studies are not recommended for diagnosis of nerve root involvement if findings of history, physical exam and imaging study are consistent. The documentation does not support the

examination findings or discussion that disk herniation is a considered diagnosis. The Injured Worker reports significant pain relief from chiropractic manipulation. There Injured Worker's symptoms are limited to the right upper extremity. It is unclear why the request is for testing of bilateral upper extremities. Without paresthesias and only intermittent radicular pain, examination findings or discussion concerning for the supported diagnosis, or the rationale for bilateral testing, the request for EMG studies is not medically necessary.