

Case Number:	CM15-0107536		
Date Assigned:	06/12/2015	Date of Injury:	11/16/2012
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 49 year old female patient who sustained an industrial injury on 11/16/2012. The accident was described as while working duty as a certified nursing assistant she encountered cumulative trauma injury involving neck, shoulders, and upper back. She reports waking up that morning and not being able to move her neck, significant pain. Prior treatment to include: rest, modified work duty, oral medication, physical therapy. A recent follow up visit dated 04/24/2015 reported the patient with subjective complaint of having persistent neck and shoulder pain. The pain is associated with headaches. A magnetic resonance imaging scan done on 12/13/2012 showed moderate to moderately severe right neural foraminal encroachment, greatest at C5-6 and to a lesser degree at C6-7. There is possible right sided foraminal encroachment. The following diagnoses were applied: right shoulder rotator cuff tendinitis; bilateral shoulder adhesive capsulitis; cervical degenerative disc disease; possibility of cervical radiculopathy and myofascial pain. She was prescribed: Tramadol, Naproxen, and Omeprazole. The physician is recommending a magnetic resonance imaging of bilateral shoulders, cervical spine be performed; recommending electrodiagnsotic testing of bilateral upper extremity, and continue with current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders, MRI.

Decision rationale: This claimant was injured in 2012. There was alleged multi-area cumulative trauma. Although there is pain, there is no mention of objective, progressive neurologic signs on exam. No equivocal signs were noted. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.

MRI 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 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging.

Decision rationale: This claimant was injured in 2012. There was alleged multi-area cumulative trauma. Although there is pain, there is no mention of objective, progressive neurologic signs on exam. No equivocal signs were noted. Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guides state: 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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is not medically necessary.

Bilateral upper extremity EMG/NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: This claimant was injured in 2012. There was alleged multi-area cumulative trauma. Although there is pain, there is no mention of objective, progressive neurologic signs on exam. No equivocal signs were noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.