

Case Number:	CM15-0022167		
Date Assigned:	02/11/2015	Date of Injury:	12/01/2014
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/05/2015

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: Massachusetts, New Hampshire, New York
 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 54-year-old female who reported an injury on 12/01/2014. The mechanism of injury was due to repetitive motion. Her relevant diagnoses include neck strain, thoracic region sprain, coccyx sprain, lumbar sprain, bilateral wrist sprain and bilateral shoulder sprain. Her past treatments included medication and physical therapy. On 01/29/2010, the injured worker complained of back pain rated 7/10 with associated numbness and tingling of the lower extremities. The injured worker also complained of neck pain rated 7/10, bilateral wrist pain rated 7/10 and bilateral shoulder pain rated 7/10. The physical examination revealed tenderness of the bilateral shoulders at the acromioclavicular joints, trapezius muscles, deltoid muscles, upper extremity muscles, along with spasms of the trapezius muscles. Bilateral range of motion of the shoulders revealed flexion at 160 degrees, extension at 50 degrees and internal rotation at 50 degrees and internal rotation at 70 degrees. The physical examination of the cervical revealed tenderness at the posterior cervical, paracervical and trapezius. The cervical range of motion was indicated to be restricted at 35 degrees, extension at 45 degrees, lateral flexion at 20 degrees and right lateral flexion at 20 degrees. The physical examination of the bilateral wrists indicated tenderness to palpation over the flexor surface, extensor surfaces. The bilateral wrists were indicated to have full range of motion with no crepitation on physical examination. Sensation and reflexes were indicated to be intact and normal to all dermatomes. There was indication of weakness to all extremities. Her relevant medications were noted to include acetaminophen 500 mg and orphenadrine 100 mg. The treatment plan included MRI bilateral shoulders, MRI cervical spine, MRI lumbar spine and EMG/NCV bilateral upper

extremity for re-evaluation and better pain management. A Request for Authorization form was not submitted.

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 Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for MRI of bilateral shoulders is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include: emergence of red flags, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker was indicated to have bilateral shoulder pain complaints. However, there was lack of documentation in regard to significant neurological deficits upon physical examination; a 4 to 6 week period of conservative care and observation failed improve symptoms; emergence of red flags; evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program to avoid surgery or a need for clarification of the anatomy prior to an invasive procedure. In the absence of the above, the request is not supported by the evidence based guidelines. As such, 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 Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI cervical is not medically necessary. According to the California MTUS Guidelines, state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include: emergence of red flags, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery. The injured worker had cervical spine complaints. However, there was lack of significant neurological deficits upon examination; documentation of a 3 to 4 week period of conservative care and observation failed to improve symptoms; emergence of red flags; physiologic evidence of tissue insult or neurovascular dysfunction; and failure to progress in a

strengthening program intended to avoid surgery. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. According to the California MTUS Guidelines, special studies are recommended if 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. The injured worker was indicated to have chronic low back pain. However, there was lack of documentation of in regard to significant neurological deficits or the injured worker was indicated to have surgical procedure. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

EMG/NCV BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 207-209, 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Nerve conduction velocities (NCV).

Decision rationale: The request for EMG/NCV BUE is not medically necessary. According to the California MTUS Guidelines, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines state nerve conduction studies are not recommended for low back pain and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker was indicated to have bilateral shoulder pain and bilateral upper extremity pain. However, there was lack of significant neurological deficits upon physical examination and lack of documentation a 3 to 4 week period of conservative care and observation failed to improve symptoms. Furthermore, the guidelines do not recommend the use of NCV for the low back. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

