

Case Number:	CM15-0217482		
Date Assigned:	11/09/2015	Date of Injury:	08/27/2013
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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: California
 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:

The injured worker is a 54 year old female, who sustained an industrial-work injury on 8-27-13. The injured worker was diagnosed as having cervicgia, cervical radiculopathy on the right, new lumbago, diffuse osteoarthritis with facet arthropathy to cervical spine, right shoulder bursitis, rule out internal derangement, repetitive strain of the right upper extremity, rule out vocal cord dysfunction. Treatment to date has included medication: Nortriptyline and diagnostics. Cervical spine MRI results were reported to reveal L5-S1 disc herniation, multilevel DJD (degenerative joint disease) with moderate stenosis at C6-7. EMG-NCV (electromyography and nerve conduction velocity test) was reported negative on 11-13-14. Currently, the injured worker complains of burning pain from her neck to both hands (most notably the left cervical 6 dermatome). There were also vocal cord issues and back pain. She is presently working. Per the primary physician's progress report (PR-2) on 10-1-15, exam revealed pain in the trapezius paraspinals and left anterior shoulder. Current plan of care includes diagnostics and cervical ESI (epidural steroid injection). The Request for Authorization requested service to include MRI of the lumbar spine Qty: 1, MRI of the right shoulder Qty: 1, and Cervical epidural steroid injection at C3-4, C5-6, C6-7 Qty: 1. The Utilization Review on 10-8-15 denied the request for MRI of the lumbar spine Qty: 1, MRI of the right shoulder Qty: 1, and Cervical epidural steroid injection at C3-4, C5-6, C6-7 Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back summary - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI of the lumbar spine Qty: 1 is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The treating physician has documented lumbar spine MRI results that were reported to reveal L5-S1 disc herniation, multilevel DJD (degenerative joint disease) with moderate stenosis at C6-7. EMG-NCV (electromyography and nerve conduction velocity test) was reported negative on 11-13-14. Currently, the injured worker complains of burning pain from her neck to both hands (most notably the left cervical 6 dermatome). There were also vocal cord issues and back pain. She is presently working. Per the primary physician's progress report (PR-2) on 10-1-15, exam revealed pain in the trapezius paraspinals and left anterior shoulder. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the lumbar spine Qty: 1 is not medically necessary.

MRI of the right shoulder Qty: 1: 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 - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI of the right shoulder Qty: 1 is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The treating physician has documented lumbar spine MRI results that were reported to reveal L5-S1 disc herniation, multilevel DJD (degenerative joint disease) with moderate stenosis at C6-7. EMG-NCV (electromyography and nerve conduction velocity test) was reported negative on 11-13-14. Currently, the injured worker complains of burning pain from her neck to both hands (most notably the left cervical 6 dermatome). There were also vocal cord issues and

back pain. She is presently working. Per the primary physician's progress report (PR-2) on 10-1-15, exam revealed pain in the trapezius paraspinals and left anterior shoulder. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI of the right shoulder Qty: 1 is not medically necessary.

Cervical epidural steroid injection at C3-4, C5-6, C6-7 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The requested Cervical epidural steroid injection at C3-4, C5-6, C6-7 Qty: 1 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are " 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The treating physician has documented lumbar spine MRI results that were reported to reveal L5-S1 disc herniation, multilevel DJD (degenerative joint disease) with moderate stenosis at C6-7. EMG-NCV (electromyography and nerve conduction velocity test) was reported negative on 11-13-14. Currently, the injured worker complains of burning pain from her neck to both hands (most notably the left cervical 6 dermatome). There were also vocal cord issues and back pain. She is presently working. Per the primary physician's progress report (PR 2) on 10-1-15, exam revealed pain in the trapezius paraspinals and left anterior shoulder. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented diagnostic confirmation of cervical radiculopathy. The criteria noted above not having been met, Cervical epidural steroid injection at C3-4, C5-6, C6-7 Qty: 1 is not medically necessary.