

Case Number:	CM15-0038499		
Date Assigned:	03/09/2015	Date of Injury:	01/09/2013
Decision Date:	04/24/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 41 year old female injured worker suffered an industrial injury on 1/9/2013. The diagnoses were cervical spine and lumbar myoligamentous sprain/strain, cervical radiculitis, and left shoulder strain. The diagnostic studies were electromyography, x-rays of the cervical spine, right and left shoulder. The treatments were medications, physical therapy and activity modification. The treating provider reported complaints of neck pain, left shoulder pain radiating to the arm and low back pain. On exam there was cervical spine tenderness with reduced range of motion with reduced thoracic range of motion. The shoulders revealed tenderness. The lumbar spine revealed tenderness and reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines 'Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with neck and left shoulder pain radiating to left upper extremity and low back pain. The request is for MRI CERVICAL SPINE. The request for authorization is dated 01/22/15. The patient underwent a MRI of the left shoulder, date unspecified, image documentation is not provided for review. EMG/NCS of the bilateral upper extremities, 09/30/14, shows no evidence of a specific entrapment or traumatic neuropathy, no evidence of a thoracic outlet syndrome, and related cervical paraspinal muscles revealed no acute or chronic denervating changes. Patient's medications include Vyvanse and over-the-counter pain relievers. She states that this case settled and she was provided with lifetime medical with respect to the left shoulder. Patient is working full regular duty. ACOEM Guidelines, chapter 8, page 177 and 178, 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. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Per progress report dated, 01/06/15, treater's reason for the request is "[REDACTED]", the agreed medical examiner, recommended electrodiagnostic studies, as well as MRI examination." However, the progress reports do not document or discuss evidence to warrant imaging for this patient. EMG/NCS of the bilateral upper extremities on 09/30/14, shows no evidence to warrant a MRI. Although, the patient does complain of neck pain along with some tenderness and swelling in the cervical region, the purpose of the cervical MRI request is not known. Additionally, the reports show only neck pain without radiating symptoms or positive examination for any neurologic findings. Furthermore, there are no red flags either. Therefore, given the lack of documentation, the request IS NOT medically necessary.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with neck and left shoulder pain radiating to left upper extremity and low back pain. The request is for MRI LEFT SHOULDER. The request for authorization is dated 01/22/15. The patient underwent a MRI of the left shoulder, date unspecified, image documentation is not provided for review. EMG/NCS of the bilateral upper extremities, 09/30/14, shows no evidence of a specific entrapment or traumatic neuropathy, no evidence of a thoracic outlet syndrome, and related cervical paraspinal muscles revealed no acute or chronic denervating changes. Patient's medications include Vyvanse and over-the-counter pain relievers. She states that this case settled and she was provided with lifetime medical with respect to the left shoulder. Patient is working full regular duty. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states:

"Indications for imaging; Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater does not provide reason for the request. Per progress report dated, 10/28/14, the patient underwent a MRI of the left shoulder, however, the date of the image and findings is not provided for review. Subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, and no red flags. Based on submitted documentation and discussions there does not appear to be a valid reason for an updated MRI. Furthermore, the patient is not post-operative either. Therefore, the request IS NOT medically necessary.

MRI left brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BCBS AIM Specialty Health guidelines found at https://www.bcbsnc.com/assets/providers/public/pdfs/aim_guidelines_april_2013.pdf.

Decision rationale: This patient has a date of injury of 01/09/13 and presents with tenderness in the cervical paravertebral muscles and upper trapezius region. The current request is for MRI LEFT BRACHIAL PLEXUS. MTUS and ODG are silent on MRI of the brachial plexus. The BCBS AIM Specialty Health guidelines found at https://www.bcbsnc.com/assets/providers/public/pdfs/aim_guidelines_april_2013.pdf indicate that MRI of the brachial plexus is indicated for evaluation of the brachial plexus for evaluation of infectious process, septic arthritis, myositis, tumor evaluation, significant trauma, fracture evaluation, pre or post operatively, persistent upper extremity pain that is unresponsive to conservative treatment, EMG proven entrapment neuropathy, brachial plexopathy and brachial plexus mass. Physical examination of the shoulders and thoracic spine were within normal limits with only tenderness noted. Physical examination of the cervical spine revealed increased neck pain with maneuver, extension is 40 degrees, right and lateral flexion is 15 degrees, right rotation is 70 degrees and left rotation is 75 degrees. The patient had an electro-diagnostic study performed on 9/30/14, which was normal. No further diagnostic reports were provided for review. The treating physician states that additional diagnostic testing is medically necessary "for evaluation of thoracic outlet syndrome." and requested MRI of the cervical spine, shoulder and left brachial plexus. There is no further discussion regarding this request. In this case, there are no examination findings to warrant a MRI of the brachial plexus. The medical necessity for a MRI had not been established. This request IS NOT medically necessary.

Consult with a thoracic outlet specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with neck and left shoulder pain radiating to left

upper extremity and low back pain. The request is for CONSULT WITH A THORACIC OUTLET SPECIALIST. The request for authorization is dated 01/22/15. The patient underwent a MRI of the left shoulder, date unspecified, image documentation is not provided for review. EMG/NCS of the bilateral upper extremities, 09/30/14, shows no evidence of a specific entrapment or traumatic neuropathy, no evidence of a thoracic outlet syndrome, and related cervical paraspinal muscles revealed no acute or chronic denervating changes. Patient's medications include Vyvanse and over-the-counter pain relievers. She states that this case settled and she was provided with lifetime medical with respect to the left shoulder. Patient is working full regular duty. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Treater does not provide reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and is requesting a referral for a thoracic evaluation. Given the patient's condition, the request for a referral appears reasonable. The patient has persistent neck and left upper extremity pain with unremarkable EMG/NCV studies. Therefore, the request IS medically necessary.

Physical therapy 2 x 4 thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with neck and left shoulder pain radiating to left upper extremity and low back pain. The request is for PHYSICAL THERAPY 2X4 THORACIC SPINE. The request for authorization is dated 01/22/15. The patient underwent a MRI of the left shoulder, date unspecified, image documentation is not provided for review. EMG/NCS of the bilateral upper extremities, 09/30/14, shows no evidence of a specific entrapment or traumatic neuropathy, no evidence of a thoracic outlet syndrome, and related cervical paraspinal muscles revealed no acute or chronic denervating changes. Patient's medications include Vyvanse and over-the-counter pain relievers. She states that this case settled and she was provided with lifetime medical with respect to the left shoulder. Patient is working full regular duty. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not provide reason for the request. In this case, physical therapy treatment history is not known. Given that review of current reports make no reference to a recent course of physical therapy treatment, a short course of 8 sessions is reasonable and within guideline indications. Therefore, the request IS medically necessary.