

Case Number:	CM15-0046310		
Date Assigned:	03/18/2015	Date of Injury:	12/27/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, bilateral knee, bilateral shoulder, and neck pain reportedly associated with an industrial injury of December 27, 2011. In a Utilization Review report dated March 5, 2015, the claims administrator failed to approve a request for cervical MRI imaging, lumbar MRI imaging, shoulder MRI imaging, and electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced an RFA form dated February 24, 2014 and an associated progress note of February 3, 2015 in its determination. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant reported 7-8/10 low back, knee, and neck pain, exacerbated by gripping, grasping, and lifting. The vascular surgery consultation, unspecified medications, physical therapy, lumbar MRI imaging, and cervical MRI imaging were endorsed. Work restrictions were also renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Electrodiagnostic testing of October 7, 2014 was notable for mild-to-moderate carpal tunnel syndrome bilaterally. In a RFA form dated February 24, 2015, electrodiagnostic testing of bilateral upper extremities, cervical MRI imaging, lumbar MRI imaging, and MRI imaging of the bilateral shoulders were proposed. In an associated progress note of February 3, 2015, the applicant reported multifocal complaints of neck, shoulder, low back, and upper extremity pain. The attending provider stated that he was ordering all the studies on the grounds that the applicant was still symptomatic in so far as the body parts in question were concerned. The

applicant was severely obese, with a BMI of 52. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persists in whom earlier testing was negative, in this case, however, earlier electrodiagnostic testing in late 2014 was positive for mild-to-moderate bilateral carpal tunnel syndrome, effectively obviating the need for repeat testing. Therefore, the request is not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Upper Back and Neck Chapter.

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

Decision rationale: Similarly, the request for cervical MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of cervical spine to help validate a diagnosis of nerve root, compromise, based on clear history and physical exam findings in preparation for an invasive procedure, in this case, however, the attending provider seemingly stated that he was intent on obtaining the cervical MRI in question for academic evaluation purposes, with no clearly formed intention of acting on the results of the same. The attending provider seemingly stated that he was endorsing multiple imaging studies on the grounds that the applicant was still symptomatic in so far as these body parts were concerned. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the MRI study in question or consider surgical intervention based on the outcome of the same. The fact that multiple MRIs studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, as with the preceding request, there was neither an explicit statement (nor an implicit expectation) the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. Rather, it appeared that the attending provider was intent on pursuing MRI imaging for academic or evaluation purposes. The fact that multiple MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

MRI Bilateral Shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Finally, the request for MRI imaging of bilateral shoulders was likewise not medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography of the shoulder for academic or evaluation purposes without surgical indications is deemed "not recommended." Here, as with the preceding request, there is no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the shoulder MRIs. The fact that the multiple MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.