

Case Number:	CM15-0086530		
Date Assigned:	05/08/2015	Date of Injury:	07/15/2013
Decision Date:	06/30/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 35 year old female, who sustained an industrial injury on 7/15/13. She reported pain in the right shoulder and chest after a 20 pound box fell on her. The injured worker was diagnosed as having cervical strain, right shoulder sprain and lumbar strain. Treatment to date has included a lumbar MRI, massage therapy, physical therapy, Nabumetone and Tylenol #3. MRI of lumbar spine dated 6/20/14 revealed multilevel disc herniation from L3-S1 with most prominent at L4-5 causing spinal stenosis and L5 root impingement. As of the PR2 dated 3/26/15, the injured worker reports 8/10 pain in her lower back. The pain is a 5/10 with rest and medications. The treating physician noted pain with range of motion in the right shoulder and tenderness to palpation at the L4, L5 and S1 spinous process. Patient has documented straight leg raise bilaterally and 4/5 right 1st toe extension weakness. The treating physician requested Pantoprazole 20mg #30, a right shoulder MRI, an EMG/NCV study of the right upper extremity and an EMG/NCV study of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on nabumetone but there is no dyspepsia complaints. Patient is not high risk for GI bleeding. Patient does not meet any indication for PPI therapy. Pantoprazole is not medically necessary.

MRI scan of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. There is no significant deficits documented except for pain. There is no plan for surgery documented. No basic imaging reports were provided for review. Patient has not yet received or done any physical therapy. MRI of right shoulder is not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: Upper extremity EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is no change in physical exam. There is no exam findings consistent with nerve entrapment or carpal tunnel syndrome. There is no rationale provided for requested test. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with

nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 and 377.

Decision rationale: Lower extremity EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting subtle nerve root dysfunction. It is not recommended in obvious radiculopathy. Patient has obvious sciatica on exam with concurring MRI findings. It is unclear what additional information or change in therapy would be attained by this test. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.