

Case Number:	CM14-0133589		
Date Assigned:	08/27/2014	Date of Injury:	05/09/2011
Decision Date:	10/08/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year old female with a work injury dated 5/9/11. The diagnoses include carpal tunnel syndrome, cervical spine strain/sprain, and bilateral shoulder impingement. Under consideration is a request for MRI of the bilateral shoulders, 12 sessions of chiropractic services with modalities and exercises, 1 MRI of the cervical spine, 1 EMG/NCS of the bilateral upper extremities, 1 prescription for Vicodin 5/500mg, #60, and 1 prescription for Flexeril 10mg, #60. There is a primary treating physician report dated 7/15/14 that states that the patient complains of neck pain, increased shoulder pain bilaterally with numbness in the upper extremity, limited range of motion, and weakness. On physical exam there is a positive cervical compression and Spurling's test, spasms present and decreased flexion and extension. There is a positive Phalen and Tinel sign. There is decreased bilateral shoulder range of motion. The treatment plan includes requests considered in this review. Flexeril was previously certified on a prior review on 3/6/2013. The patient was certified for 24 chiropractic visits in 2013. Per documentation the patient received treatment in form of office visits, pain medication and anti-inflammatory agents, x-rays and MRI studies to her neck were done on September 26, 2012 and the left shoulder MRI was done in April 2013. She received several weeks of physical therapy to her wrists/hands upper and lower back, from May 2012 to December 2012, providing her temporary pain relief. She had an EMG study performed to her upper extremities. She also received several weeks of chiropractic and acupuncture treatments to her neck, shoulders, and, and hands, providing her temporary pain relief. The documentation reveals the shoulder MRI revealed tendinopathy. Per documentation a 09/26/12, MRI of the cervical spine revealed a small disc bulges at C3-6. No significant central canal or neural foraminal stenosis. No cervical cord

lesions. Per documentation a 05/21/12, EMG/NCS of the bilateral upper extremities, is reviewed. Impression: Normal EMG/NCV of the cervical spine and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

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

Decision rationale: MRI of the left shoulder is not medically necessary per the ACOEM MTUS guidelines. The guidelines states that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure . The documentation submitted does not reveal red flags, shoulder weakness, plans for surgery, or tissue insult in the shoulder. The request for an MRI of the left shoulder is not medically necessary.

MRI (magnetic resonance imaging) of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

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

Decision rationale: MRI of the right shoulder is not medically necessary per the ACOEM MTUS guidelines. The guidelines states that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure . The documentation submitted does not reveal red flags, shoulder weakness, plans for surgery, or tissue insult in the shoulder. The request for an updated MRI of the right shoulder is not medically necessary.

12 sessions of chiropractic services with modalities and exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59.

Decision rationale: 12 sessions of chiropractic services with modalities and exercises is not medically necessary per the Chronic Pain Medical Treatment MTUS guidelines. Per guidelines elective/maintenance care is not medically necessary. Therapeutic care involves a trial of 6 visits over 2 weeks, with evidence of objective functional improvement with a total of up to 18 visits. The documentation indicates that the patient has had 24 chiropractic visits in 2013 without evidence of functional improvement. The request for 12 sessions exceeds the trial number of recommended visits. Without positive outcome from prior excess chiropractic care the request for 12 sessions of chiropractic service with modalities and exercises are not medically necessary.

MRI of the cervical spine: 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), Neck and Upper Back (Acute & Chronic)

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 (ODG), Neck and Upper back, Magnetic resonance imaging (MRI)

Decision rationale: An MRI of the cervical spine is not medically necessary per American College of Occupational and Environmental Medicine MTUS and the ODG guidelines. Per the MTUS guidelines the patient does not meet the criteria for ordering cervical imaging studies. The patient has no red flag symptoms on physical examination. Furthermore ACOEM guidelines state that "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The ODG recommendations for a cervical MRI recommend a cervical MRI for neurologic deficits or suspected cervical trauma. The documentation submitted reveals the patient had a cervical MRI in 2012. The documentation does not indicate specific nerve dysfunction on physical exam. The documentation indicates she has had similar chronic symptoms for years. There is no evidence of new cervical trauma. The request for cervical MRI is not medically necessary.

EMG/NCS of upper left extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: EMG/NCV of the left upper extremity is medically necessary per the ODG and the MTUS guidelines. The ACOEM also states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted reveals the patient has had an increase in her symptoms. She has not had an EMG/NCV since 2012. She has radicular symptoms as well as symptoms of possible carpal tunnel syndrome. The electrodiagnostic study can help distinguish between the two entities if positive. The request for EMG/NCV of the left upper extremity is medically necessary.

EMG/NCS of upper right extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: EMG/NCV of the right upper extremity is medically necessary per the ODG and the MTUS guidelines. The ACOEM also states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted reveals the patient has had an increase in her symptoms. She has not had an EMG/NCV since 2012. She has radicular symptoms as well as symptoms of possible carpal tunnel syndrome. The electrodiagnostic study can help distinguish between the two entities if positive. The request for EMG/NCV of the right upper extremity is medically necessary.

60 Vicodin 5/500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: 60 Vicodin 5/500mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient was taken Vicodin in 2013. Per documentation this was certified twice in 2013. The documentation does

not indicate that the patient had evidence of functional improvement on the Vicodin. . The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for 60 Vicodin 5/500mg is not medically necessary.

60 Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: 60 Flexeril 10mg is not medically necessary per MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication much longer than the 2-3 week recommended period (since 2013) with persistent spasms. The request for 60 Flexeril 10mg is not medically necessary.