

Case Number:	CM14-0150744		
Date Assigned:	09/19/2014	Date of Injury:	04/24/2012
Decision Date:	10/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, and is licensed to practice in California. 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 injured worker is a 40-year-old male who reported an injury on 04/24/2012. The mechanism of injury was not provided. The injured worker's diagnoses included carpal tunnel syndrome, sprain shoulder/arm, and cervical brachial syndrome. His past treatments included physical therapy, medications, surgical intervention, acupuncture and chiropractic therapy. The injured worker's diagnostic testing included an EMG performed on 02/19/2013, which revealed mild to moderate bilateral median neuropathy with evidence of chronic denervation on the left. Subsequently, the patient had an MRI of the cervical spine which was noted to reveal multilevel degenerative disc and joint disease and some mild degenerative disc narrowing at multiple levels. There was some bilateral mild narrowing at C6-7 at the neural foraminal. There was some mild neural foraminal narrowing at C7-T1. There was an MRI of the right shoulder performed on 12/24/2012, it was noted to reveal a distal rotator cuff tendinopathy with an interstitial tear involving the posterior supraspinatus and anterior infraspinatus junction. The injured worker's surgical history included a bilateral carpal tunnel release surgery notes indicate 2012. On 08/01/2014, the injured worker complained of pain. He rated his pain as a 4/10 on a pain scale with medications, and as a 6/10 without medications. He reported his quality of sleep as poor, and activity level has remained the same. Upon physical examination, the injured worker was noted to have restricted movements of the neck with flexion limited to 50 degrees limited by pain, extension limited to 30 degrees, left lateral bending limited to 30 degrees and right lateral bending limited to 30 degrees. He was noted with a positive Hawkin's and empty cans test. On sensory examination, the light touch sensation was decreased over thumb on both of the sides. The injured worker's current medications were listed as Celebrex 200 mg, Naprosyn 500 mg, and Zyrtec 10 mg. The request was for shoulder injections bilaterally for a flare-up of shoulder pain, an MRI of the cervical spine to rule out cervical disc herniation, and an EMG/NCS of the

bilateral upper extremities to evaluate for cervical radiculopathy or to evaluate for peripheral nerve entrapment. The Request for Authorization Forms were signed and submitted on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging (MRI)

Decision rationale: The request for cervical spine MRI is not medically necessary. The Official Disability Guidelines do not recommend MRIs except for patients with chronic neck pain after 3 months failed conservative treatment, neck pain with radiculopathy if severe or progressive neurologic deficit occur, and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant potentially serious conditions or suspected like tumor, infection, and fracture. The injured worker was noted to have restriction with movements of the neck, with pain and tenderness noted. She was noted with decreased light touch sensation over the thumb on both the sides. The documentation did not include the official MRI of the cervical spine previously performed. Although, the injured worker was noted with decreased sensation over the thumb on both sides, there was not sufficient evidence that this was a new finding suggestive of significant pathology that does not correlate with the last MRI. In the absence of documentation with evidence of progressive neurological deficits, and new findings suggestive of significant pathology that does not correlate with the previous MRI performed, the request is not supported at this time. Therefore, the request is not medically necessary.

1 REPEAT EMG OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for 1 repeat EMG of the upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that when neurological examination is unclear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography, and nerve conduction velocities, including H reflex test, may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The guidelines note EMG is not recommended for the

diagnosis of nerve root involvement when the history, physical examination, and imaging studies are consistent. There should be documentation of 3 to 4 weeks of conservative care and observation. The injured worker was noted to have had a previous EMG in 2013, and the documentation provided no evidence of progressive neurological deficits. The documentation did not provide sufficient evidence of failed conservative care to include physical therapy, home exercise, and medications. In the absence of documentation with evidence of new objective neurological deficits suggestive of significant pathology that does not correlate with the previous EMG and a failed trial of conservative care to include physical therapy, home exercise, and medications, the request is not supported. Therefore, the request is not medically necessary.

1 SET OF BILATERAL SHOULDER INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER (ACUTE AND CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request for 1 set of bilateral shoulder injections is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy to include physical therapy, home exercise, and medication for 2 to 3 weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. The injured worker reported pain with medications as a 4/10, and pain without medications as a 6/10. Upon physical examination, there were no limitations noted to both shoulders. The documentation did not provide sufficient evidence of significant objective functional deficits. In the absence of documentation with significant objective functional deficits and documented evidence of failed conservative care like physical therapy, home exercise, and medications, the request is not supported. Therefore, the request is not medically necessary.