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| Case Number: | CM14-0160726 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 01/18/2013 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 01/18/2013. The mechanism of injury was due to a slip/fall. The diagnoses included traumatic arthropathy, displaced lumbar intervertebral disc, shoulder arthropathy, IV disc disorder without myelopathy. The previous treatments included medication, surgery and MRI dated 05/11/2013 which revealed dehiscence L3-4 disc level, dehiscence of the nucleus pulposus. Within the clinical note dated 08/29/2014 it was reported the injured worker complained of pain in the right shoulder and lower back radiating into his bilateral lower extremity. On the physical examination, the provider noted the right shoulder had limited range of motion with abduction at 95 degrees, flexion at 95 degrees. The provider noted the injured worker had no point tenderness on the shoulder. Motor power was intact to the upper extremities. The provider noted the injured worker's sensation was intact in the upper extremities. The provider indicated the injured worker had a positive straight leg raise on the right at 45 degrees, which caused pain in the right thigh posteriorly and a positive straight leg raise on the left at 90 degrees did not cause pain. The provider recommended an MRI of the right shoulder, due to the injured worker still having symptoms, an MRI of the lumbar spine, an EMG/NCV of the right upper extremity for numbness and tingling. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI without contrast (repeat): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The California MTUS Guidelines note for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation failed to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Imaging studies may be considered for the injured worker whose limitations due to consistent symptoms have persisted for more than 1 month in cases when surgery is being considered for a specific anatomic full thickness or rotator cuff tear. There is lack of significant documentation indicating the injured worker had neurological deficits such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution. The clinical documentation did not indicate the injured worker had tried and failed on conservative therapy. Additionally, there is no documentation indicating the injured worker is intended to undergo surgery requiring an MRI. Therefore, the request of right shoulder MRI without contrast (repeat) is not medically necessary and appropriate.

Lumbar spine MRI without contrast (repeat): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state, clinical findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment or who would consider surgery as an option. When the neurological examination is less clear; however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false/positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of significant neurological deficits such as decreased sensation in motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted did not indicate the injured worker had tried and failed on conservative therapy. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request for Lumbar spine MRI without contrast (repeat) is not medically necessary and appropriate.

Right upper extremity EMG/NCS to rule out carpal tunnel syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome:
Electrodiagnostic Testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Nerve Conduction Study.

Decision rationale: The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. In addition, the guidelines note for injured workers presenting with true hand or wrist problems, special studies are not needed until a 4 to 6 week period of conservative care and observation. Nerve conduction studies are recommended for carpal tunnel syndrome, the Official Disability Guidelines note nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on the clinical examination and should be supported by nerve conduction test before surgery is undertaken. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted did not indicate the injured worker had tried and failed on conservative therapy. Therefore, the request of right upper extremity EMG/NCS to rule out carpal tunnel syndrome is not medically necessary and appropriate.