

Case Number:	CM15-0111975		
Date Assigned:	06/18/2015	Date of Injury:	04/10/2014
Decision Date:	08/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York, West Virginia, Pennsylvania
 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 53 year old female, who sustained an industrial injury on 4/10/14. The injured worker was diagnosed as having cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, right hip sprain/strain and right ankle sprain/strain. Treatment to date has included chiropractic treatment and medication including Naproxen and Cyclobenzaprine. MRI's of the right shoulder, right hip, and lumbar spine were performed on 4/14/15. Currently, the injured worker complains of neck pain, back pain, right shoulder pain, right hip pain, and right ankle pain. The treating physician requested authorization for a MRI of the lumbar spine without contrast, a MRI of the right hip without contrast, a MRI of the right shoulder without contrast, and electromyography/nerve conduction studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that treatment modalities have been tried and failed.

MRI of Right Hip without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Guidelines recommend MRI of the hip for osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injuries or tumors. In this case, the patient complained of hip pain, but there were no significant deficits noted on exam and there was no history of fall or trauma. The request for MRI of the right hip is not medically appropriate and necessary.

MRI of Right Shoulder without Contrast: 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): 207-208.

Decision rationale: Guidelines recommend MRI of the shoulder for acute shoulder trauma, suspected rotator cuff tear/impingement, subacute shoulder pain, or suspect instability/labral tear. In this patient, the physical examination did not indicate presence of any of these conditions. The request for MRI of the right shoulder is not medically appropriate and necessary.

EMG/NCS of BUE: 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
Page(s): 178.

Decision rationale: Guidelines recommend EMG and NCS to identify subtle neurologic dysfunction in patients with neck and/or arm pain lasting for more than 3-4 weeks. In this case, the complaints have not lasted more than 3-4 weeks and there were no significant deficits noted

on exam, which would warrant the studies. The request for EMG/NCS of the bilateral upper extremities is not medically appropriate and necessary.