MAXIMUS Federal Services

Case Number:	CM15-0113544		
Date Assigned:	06/19/2015	Date of Injury:	09/28/2009
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: Physical Medicine & Rehabilitation

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 52 year old female who sustained a work related injury September 28, 2009. Past history included carpal tunnel syndrome, hiatal hernia, GERD (gastroesophageal reflux disease), dyspepsia, and gastritis. According to a primary treating physician's report, dated May 19, 2015, the injured worker presented for a follow-up pain management evaluation. She reports, discontinuing Cymbalta, as it was causing headaches and drowsiness during the day. She continues to complain of severe right shoulder pain with restricted range of motion, radiation into the right arm, and numbness and tingling in both hands. Low back pain is present, radiating into both lower extremities with numbness, tingling, and electrical type pain. She describes symptoms of GERD, dyspepsia, and constipation and finds her medication to be helpful. Diagnoses are C5-C6 3 mm central disc protrusion; L4-L5 disc desiccation and annular tear with small central disc protrusion; chronic L4-L5 radiculopathy on the left; depression and anxiety. At issue, is the request for authorization for EMG/NCV (electromyography and nerve conduction velocity) studies, bilateral upper extremities, and an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Studies both upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The patient complains of severe right shoulder pain radiating to the right arm, numbness and tingling in bilateral hands, low back pain radiating to bilateral lower extremities with numbness, tingling and pain, neck pain, and thoracic spine pain, as per progress report dated 05/19/15. The request is for EMG/NCV studies both upper extremities. The RFA for this case is dated 05/29/15, and the date of injury 09/28/09. The pain is rated at 8/10 with medications and 10/10 without medications, as per progress report dated 05/19/15. Current regimen included Amitiza, Laxacin, Omeprazole and Ibuprofen. Diagnoses included C5-6 central disc protrusion with persistent cervical pain and referred pain to shoulders and upper back, persistent lower back pain with L4-5 disc desiccation, chronic L4-5 radiculopathy on the left, chronic constipation, GERD, depression and anxiety. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, a request for EMG/NCV is noted in progress report dated 05/19/15. The treater states that "the patient is having significant symptoms of bilateral carpal tunnel syndrome." The new request is "based on numbness, tingling and decrease in grasp strength." Nonetheless, the patient has undergone electrodiagnostic testing in past. As per diagnostic report dated 03/22/11, reviewed in QME report dated 03/11/15, nerve conduction studies revealed mild carpal tunnel syndrome bilaterally while EMG did not demonstrate radiculopathy. Another EMG/NCV, dated 08/14/02 and reviewed in the same QME report, revealed abnormal NCV with moderate carpal tunnel syndrome and normal EMG. ACOEM allows for repeat electrodiagnostic studies only if the prior ones are negative during the acute phase. There is no new injury, new clinical information or change in neurologic findings to warrant an updated studies. Hence, the request is not medically necessary.

MRI of the right shoulder: Overturned

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 based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: The patient complains of severe right shoulder pain radiating to the right arm, numbness and tingling in bilateral hands, low back pain radiating to bilateral lower extremities with numbness, tingling and pain, neck pain, and thoracic spine pain, as per progress report dated 05/19/15. The request is for MRI of the right shoulder. The RFA for this case is dated 05/29/15, and the date of injury 09/28/09. The pain is rated at 8/10 with medications and 10/10 without medications, as per progress report dated 05/19/15. Current regimen included Amitiza, Laxacin, Omeprazole and Ibuprofen. Diagnoses included C5-6 central disc protrusion with persistent cervical pain and referred pain to shoulders and upper back, persistent lower back pain with L4-5 disc desiccation, chronic L4-5 radiculopathy on the left, chronic constipation, GERD, depression and anxiety. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, none of the progress reports document prior MRI of the right shoulder. The current request is noted in progress report dated 05/19/15. The treater states that "the patient has significant pain in the right shoulder. She has restricted range of motion. She has failed conservative treatment." Physical examination, as per the same progress report, also revealed tenderness over right AC joint along with positive impingement sign. Given the chronic pain and positive findings during physical examination, the request for an MRI appears reasonable and is medically necessary.