

Case Number:	CM15-0175390		
Date Assigned:	09/16/2015	Date of Injury:	03/16/2015
Decision Date:	11/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 3-16-2015. The injured worker was diagnosed as having right shoulder acromioclavicular degenerative joint disease with biceps tendinitis, and left shoulder acromioclavicular (AC) degenerative joint disease, dorsal lumbosacral strain. The request for authorization is for chiropractic (cervical, thoracic, lumbar and shoulders); magnetic resonance imaging of the lumbar spine; magnetic resonance imaging of the left shoulder; electromyogram and nerve conduction velocity of bilateral lower extremities. The UR dated 8-5-2015: approved the request for follow up with orthopedist; modified certification of chiropractic (cervical, thoracic, lumbar and shoulders) QTY: 6.00; and non-certified the requests for magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the left shoulder, electromyogram (EMG) of bilateral lower extremities, and nerve conduction velocity of bilateral lower extremities. On 7-1-2015, his work status is reported as return to full duty on 7-2-2015. He reported "moderate" neck pain and stiffness with radiation into the left shoulder. He also reported "moderate to severe" upper-mid back pain, "intermittent moderate to severe" low back pain, "mild" left shoulder pain, "mild to moderate" right shoulder pain, and loss of sleep. Physical findings revealed tenderness in the neck with spasms noted, tenderness to the thoracic and lumbar spine areas along with noted muscle spasms, positive straight leg raise testing on the left, tenderness to the left shoulder with muscle spasm noted, and tenderness in the right shoulder with positive Hawkins testing. On 7-22-2015, he reported injury of the upper back, mid back, low back, bilateral upper extremities, and bilateral shoulders. Physical examination revealed the lumbar spine with decreased range of motion, tenderness in the low back. On 7-24-2015, he received a functional capacity evaluation.

On 7-30-2015, he was seen for electrodiagnostic studies which were within normal limits. On 8-17-2015, he reported pain to the bilateral shoulders. He is reported to have sustained injury to the upper back, mid back, low back, bilateral upper extremities, and bilateral shoulders. It is noted that previous chiropractic treatment was painful. He rated his pain 8 out of 10 and indicated he was not able to sleep on his shoulder. Physical examination of the bilateral shoulder revealed no gross deformity or atrophy, tenderness is present in the biceps tendon on the right and acromioclavicular joint "mostly on the right", positive across shoulder abduction, negative Jobe's, and "no evidence of shoulder instability". The treatment and diagnostic testing to date has included: x-rays of the mid back and shoulders, heat, electric shockwave stimulation, unclear amount of physical therapy, magnetic resonance imaging of the shoulder, stretching exercises, Codman exercises, electrodiagnostic studies (7-30-2015), and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (Cervical, thoracic, lumbar and shoulders) x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to 6 sessions of chiropractic care to comply with the MTUS guidelines. Chiropractic (Cervical, thoracic, lumbar and shoulders) x12 is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of the lumbar

spine is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI of the left shoulder is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG of the bilateral lower extremities is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. NCV of the bilateral lower extremities is not medically necessary.