MAXIMUS Federal Services

Case Number:	CM15-0038015		
Date Assigned:	03/06/2015	Date of Injury:	04/24/2013
Decision Date:	04/20/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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 49 year old female, who sustained an industrial injury on 4/24/2013. She reports cumulative trauma to the bilateral knees, wrists and hands and right shoulder from cleaning floors. Diagnoses include cervical radiculopathy, right shoulder impingement and bursitis, right shoulder rotator cuff partial tear, right shoulder biceps tendinitis, right shoulder anterior labrum tear, mild bilateral chondromalacia, bilateral wrist and hand cystic changes and bilateral wrist ganglion/synovial cyst. Treatments to date include physical therapy, chiropractic care and medication management. A progress note from the treating provider (comprehensive orthopedic evaluation) dated 12/30/2014 indicates the injured worker reported chronic severe neck pain with radiation into the right upper extremity with pain and stiffness in both hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned
Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with neck and upper back pain, radiating to bilateral arms and hands, rated 5-8/10, with numbness and tingling, and pain in the right shoulder. The request is for PAIN MANAGEMENT CONSULTATION. Physical examination to the cervical spine on 02/04/15 revealed tenderness to palpation over the right facet joints at C5-C6 and C6-C7. Range of motion was decreased in the cervical and the thoracic spine in all planes. Patient has had chiropractic treatments with benefits, cervical and thoracic MRIs, EMG of the upper extremities, and medications. Per 01/08/15 progress report, patient's diagnosis include bilateral cervical radiculopathy with MRI evidence foraminal narrowing at C5-6 and C6-7, facet arthropathy of the cervical spine, thoracic sprain/strain, and cervical disc herniation with moderate to severe stenosis and spinal cord contact. Patient's medications, per 02/04/15 progress report, include Naproxen, Prilosec, and Omeprazole. Patient is permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Treater has not provided a reason for the request. In this case, the patient continues to suffer from neck and upper back pain, radiating to bilateral arms and hands and pain in the right shoulder. Patient has had chiropractic treatments, cervical and thoracic MRIs, EMG of the upper extremities, and medications. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.

MRI of The Right Shoulder: Upheld

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

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 presents with neck and upper back pain, radiating to bilateral arms and hands, rated 5-8/10, with numbness and tingling and pain in the right shoulder. The request is for MRI OF THE RIGHT SHOULDER. Physical examination to the cervical spine on 02/04/15 revealed tenderness to palpation over the right facet joints at C5-C6 and C6-C7. Range of motion was decreased in the cervical and the thoracic spine in all planes. Patient has had chiropractic treatments with benefits, cervical and thoracic MRIs, EMG of the upper extremities, and medications. Per 01/08/15 progress report, patient's diagnosis include bilateral cervical

radiculopathy with MRI evidence foraminal narrowing at C5-6 and C6-7, facet arthropathy of the cervical spine, thoracic sprain/strain, and cervical disc herniation with moderate to severe stenosis and spinal cord contact. Patient's medications, per 02/04/15 progress report, include Naproxen, Prilosec, and Omeprazole. Patient is permanent and stationary. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ODG guidelines support MRI's for suspected rotator cuff tear/labral tears, and when there is a significant change in clinical status. Treater has not provided a reason for the request. No RFA was provided either. The request is for MRI of the right shoulder. In review of the medical records provided, there was no evidence of a prior MRI of the right shoulder. However, UR letter dated 01/30/15 indicates that the patient had an MRI of the right shoulder on 08/15/13 which showed partial intrasubstance tears within the supraspinatus, infraspinatus, and subscapularis tendon. In this case, there are no new injuries or redflags, no significant changes in examination, or new location of symptoms requiring additional investigation. Therefore, the request IS NOT medically necessary.

Upper Extremity Neurodiagnostics: Overturned

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

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

Decision rationale: The patient presents with neck and upper back pain, radiating to bilateral arms and hands, rated 5-8/10, with numbness and tingling. The request is for UPPER EXTREMITY NEURODIAGNOSTICS. Physical examination to the cervical spine on 02/04/15 revealed tenderness to palpation over the right facet joints at C5-C6 and C6-C7. Range of motion was decreased in the cervical and the thoracic spine in all planes. Patient has had chiropractic treatments with benefits, cervical and thoracic MRIs, EMG of the upper extremities, and medications. Per 01/08/15 progress report, patient's diagnosis include bilateral cervical radiculopathy with MRI evidence foraminal narrowing at C5-6 and C6-7, facet arthropathy of the cervical spine, thoracic sprain/strain, and cervical disc herniation with moderate to severe stenosis and spinal cord contact. Patient's medications, per 02/04/15 progress report, include Naproxen, Prilosec, and Omeprazole. Patient is permanent and stationary. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. 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." Treater has not provided a reason for the request. The patient does present with neck and upper back pain, radiating to bilateral arms and hands with tingling and numbness. Per 01/08/15 progress report, patient had electrodiagnostic test performed on 04/14/14, which showed no evidence of focal nerve entrapment, cervical radiculopathy, or generalized peripheral neuropathy affecting

the upper limbs. ACOEM guidelines support repeat tests if symptoms persist. In this case, based on the medical reports provided, the patient's condition has remained unchanged with pain symptoms persisting. Therefore, the request IS medically necessary.

Cervical Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with neck and upper back pain, radiating to bilateral arms and hands, rated 5-8/10, with numbness and tingling. The request is for CERVICAL EPIDURAL INJECTION. Physical examination to the cervical spine on 02/04/15 revealed tenderness to palpation over the right facet joints at C5-C6 and C6-C7. Range of motion was decreased in the cervical and the thoracic spine in all planes. Patient has had chiropractic treatments with benefits, cervical and thoracic MRIs, EMG of the upper extremities, and medications. Per 01/08/15 progress report, patient's diagnosis include bilateral cervical radiculopathy with MRI evidence foraminal narrowing at C5-6 and C6-7, facet arthropathy of the cervical spine, thoracic sprain/strain, and cervical disc herniation with moderate to severe stenosis and spinal cord contact. Patient's medications, per 02/04/15 progress report, include Naproxen, Prilosec, and Omeprazole. Patient is permanent and stationary. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Treater has not provided a reason for the request. In review of the medical records provided, there are no records of a prior cervical epidural steroid injection. Cervical MRI findings on 09/17/14 showed degenerative disc disc disease and facet arthropathy with retrolisthesis at C5-6, canal stenosis C3-4 mild, C4-5 moderate, C5-6 moderate to severe stenosis with contact and distortion of the cervical cord, most pronounced C5-6 and neural foraminal narrowing included C5-6 mild right, severe left and C6-7 mild to severe left neural foraminal narrowing. Patient's diagnosis includes bilateral cervical radiculopathy with MRI evidence foraminal narrowing at C5-6 and C6-7, facet arthropathy of the cervical spine. In this case, there is no evidence of radiculopathy demonstrated by physical examination of the cervical spine. Dermatomal distribution of pain down the arm is not described showing radiculopathy. MTUS requires documentation of radiculopathy on physical examination for epidural steroid injections. Additionally, treater has not indicated the levels for the injections. Therefore, the request IS NOT medically necessary.