

Case Number:	CM15-0064261		
Date Assigned:	04/10/2015	Date of Injury:	01/20/2013
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 49 year old female, who sustained an industrial injury on 01/20/2013. The initial complaints or symptoms included neck pain with headaches and associated right ear pain, right shoulder pain, and right elbow/forearm pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, ultrasound, conservative therapies, and consultations. Per the latest exam submitted for review (dated 10/27/2014), the injured worker complained of intermittent headaches, intermittent neck pain, upper back pain, frequent right shoulder pain, right upper extremity numbness and tingling with pain throughout the right upper arm, right hearing loss, and stomach pain due to medication use. The diagnoses include cervical strain/sprain with right-sided radicular symptoms, right shoulder rotator cuff tendinitis with parascapular pain, mild right tennis elbow syndrome, right hand paresthesias and numbness peripheral versus radicular, headaches, possible hearing loss and gastrointestinal complaints. The treatment plan consisted of MRIs of the cervical spine and right shoulder, and EMG/NCV (electromyography/nerve conduction velocity) testing of the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: Guidelines recommend imaging if physiologic evidence indicates tissue insult or nerve impairment, emergence of a red flag, or neurologic dysfunction. In this case, documentation is lacking regarding evidence of severe or progressive neurological abnormalities. Also, there is no evidence of a recent comprehensive conservative treatment protocol trial. The request for MRI of the cervical spine and right shoulder is not medically necessary and appropriate.

EMG/NCV of the Right Arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

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

Decision rationale: Guidelines state that EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 4 weeks. In this case, detailed evidence of severe or progressive neurological abnormalities has not been documented nor is there documentation of a comprehensive conservative treatment protocol trial and failure. The request for EMG.NCV right arm is not medically appropriate and necessary.