

Case Number:	CM15-0070271		
Date Assigned:	04/20/2015	Date of Injury:	06/30/2014
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 28-year-old male, with a reported date of injury of 06/30/2014. The diagnoses include neck pain, left shoulder joint derangement, and low back pain. Treatments to date have included an MRI of the lumbar spine on 08/25/2014, an MRI of the thoracic spine on 08/25/2014, and oral medications. The progress report dated 03/18/2015 indicates that the injured worker had constant pain in the neck, with radiation to the upper extremities. There was associated headaches and tension in the shoulder blades. It was noted that the injured worker's pain was unchanged. He rated his pain 7 out of 10. There was also a complaint of low back pain, with radiation into the lower extremities. The pain was worsening, and rated 8 out of 10. The injured worker also had frequent left shoulder pain that was unchanged and rated 7 out of 10. The objective findings include an intact gait, tenderness to palpation of the cervical paravertebral muscle with spasm; limited cervical range of motion with pain; tenderness to palpation of the lumbar paravertebral muscle with spasm; positive seated nerve root test; guarded and restricted lumbar range of motion; tenderness around the left anterior glenohumeral region and subacromial space; and painful left rotator cuff function. The treating physician requested electromyography/nerve conduction study (EMG/NCS) for the bilateral upper and lower extremities, acupuncture for the cervical and lumbar spine, and an MRI of the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who has a documented normal sensory-motor exam with no evidence of a focal neurological dysfunction. This request is also for eight separate items as there are two studies for four extremities. Medical necessity would need to be established by the requesting provider for each item. The request for EMG/NCS bilateral upper and lower extremities is determined to not be medically necessary.

Acupuncture 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The request for 8 sessions is in excess of the recommended trial of acupuncture to determine if this treatment modality will provide functional improvement in this injured worker. The request for acupuncture therapy 2 x 4 sessions is therefore determined to not be medically necessary.

MRI of the cervical spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-179, 201-203, 207-209, 214.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do

not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. The MRI of the shoulder is warranted in this patient due to the fact that he has failed 8 months of conservative treatments and has documented objective evidence of continued positive provocative testing consistent with rotator cuff compromise. Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI of the cervical spine may be necessary. However, there is no clinical evidence, in this case, documenting findings that identify specific nerve compromise on the neurological exam. Although the request for the left shoulder MRI is warranted, this request is for an MRI of the cervical spine and the left shoulder. This should be two separate requests. The request for MRI of the cervical spine and left shoulder is determined to not be medically necessary.