

Case Number:	CM15-0079053		
Date Assigned:	04/30/2015	Date of Injury:	10/27/2014
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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 58-year-old male, with a reported date of injury of 10/27/2014. The diagnoses include cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, right shoulder strain/sprain, right shoulder tendinitis, and right shoulder impingement syndrome. Comorbid conditions include obesity (BMI 36.6). Treatments to date have included topical pain medication, oral medications, interferential unit, and hot/cold unit, X-ray of right shoulder and lower back (11/03/14) and MRI imaging of his lumbar spine and his right shoulder (11/18/14). The Doctor's First Report dated 03/25/2015 indicates that the injured worker complained of neck pain, low back pain, and right shoulder/arm pain. The objective findings include tenderness to palpation and spasm of the bilateral paraspinal muscles/occipital muscles/suboccipital muscles/bilateral trapezius muscles/levator scapulae muscles; decreased cervical range of motion; positive compression test; tenderness to palpation of the right anterior/posterior/lateral biceps tendon groove, deltoid muscles, rotator cuff muscles, acromion process; decreased right shoulder range of motion; and positive Neer/Codman's tests. The treating physician requested x-rays of the cervical spine and right shoulder and electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities and web classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177, 207, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Chronic Pain, 1998, Revised 2013.

Decision rationale: X-rays are a form of electromagnetic radiation used to image the body. The image or radiograph can be used to detect acute and chronic changes to the bones and tissues of the area of the body being looked at. A Magnetic Resonance Imaging (MRI) procedure should be performed as a second study or when the provider wants to clarify the anatomy of the region as it can identify acute injuries (eg fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. The American College of Radiology suggest using the advanced imaging procedures such as MRIs to evaluate when plain film x-rays are negative, symptoms suggest a surgically correctable condition and/or the patient has failed rehabilitation efforts. Medical necessity for cervical X-ray has been established.

EMG/NCV bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has a diagnosis that would suggest a need for this test (lumbar pain with radiculitis) as well as the non-specific nature of the pain pattern and the few positive lower extremity examination findings all of which implies a subtle lower back focal neurologic deficit may be present. Medical necessity for this procedure has been established.

X-ray right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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, 182, 196-203, 207-209, 214. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010.

Decision rationale: X-rays are a form of electromagnetic radiation used to image the body. The image or radiograph can be used to detect acute and chronic changes to the bones and tissues of the area of the body being looked at. Plain shoulder radiographs are most appropriate for patients with shoulder or neck symptoms or as follow-up for surgical treatment to the bones of that joint. A Magnetic Resonance Imaging (MRI) procedure should be performed as a second study or when the provider wants to clarify the anatomy of the region as it can identify acute injuries (eg fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using the advanced imaging procedures such as MRIs to evaluate the shoulder or neck when plain film x-rays of the shoulder or neck are negative, symptoms suggest a surgically correctable condition and/or the patient has failed rehabilitation efforts. Review of the available medical records on this individual reveals he has no acute changes in his symptom complex and he had a X-ray and a MRI of his right shoulder in Nov 2014. The provider does not explain what additional information he expects to find by repeating a plain film imaging of the right shoulder that could not be gleaned from the recent MRI. The patient has not had a neck X-ray or MRI since the injury occurred. The patient has not had a neck X-ray or MRI since the injury occurred. That procedure would be the first imaging procedure for evaluating the neck symptomatology. Medical necessity for right shoulder X-ray has not been established.