

Case Number:	CM15-0090508		
Date Assigned:	05/15/2015	Date of Injury:	10/16/2010
Decision Date:	06/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, New York, 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 applicant is a represented 59-year-old [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 16, 2010. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for cervical MRI imaging, left shoulder MRI imaging, and electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced a RFA form and associated progress note dated March 12, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated May 7, 2015, the applicant reported ongoing complaints of mild to moderate neck and moderate to severe left shoulder pain. The applicant reported paresthesias about the left hand, it was reported. Ancillary complaints of headache and sleep disturbance were also reported. The applicant had had earlier shoulder MRI imaging in 2012-2013, the results of which the treating provider stated he did not know. The treating provider appealed the previously denied diagnostic studies. Reduced and painful cervical range of motion was noted with a positive Spurling maneuver. Hyposensorium was noted about the left upper extremity. Left shoulder range of motion was limited and painful, with flexion to 100 degrees. Positive signs of internal impingement were evident. The requesting provider reiterated his request for the studies in question. The applicant was placed off of work, on total temporary disability. The requesting provider was a chiropractor (DC), it was incidentally noted. On March 12, 2015, the applicant reported ongoing complaints of neck and shoulder pain with some radiation of neck pain to the left trapezius and left shoulder region. The applicant had been terminated by her former employer in December 2011 and apparently not

worked since that point in time. Grooming, bathing, dressing, and other household chores were problematic, it was reported. The applicant did have similar issues with hypertension and diabetes, it was incidentally noted. Left shoulder range of motion was limited with flexion to 100 degrees on this occasion. Positive signs of internal impingement were evident. Limited cervical range of motion was noted. Upper extremity strength was scored at 5/5 on this occasion. The attending provider stated that the applicant had had previous MRI studies of the cervical spine and left shoulder, the results of which were unknown. Updated MRI imaging of the shoulder and cervical spine was proposed, along with electrodiagnostic testing of bilateral upper extremities. The applicant was placed off of work, on total temporary disability. It was not stated how the proposed MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter: Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the proposed MRI of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the surgical spine based on the outcome of the study in question. It appeared, rather, that the requesting provider(s) were seeking MRI imaging of the neck and shoulder for academic or evaluation purposes, without any clearly formed intention of acting on the results of the same. It is further noted that the applicant's presentation on history and physical exam was not, in fact, suggestive or evocative of a bona fide cervical radiculopathy but, rather, seemingly suggested on the March 12, 2015 office visit at issue that the applicant's left shoulder was in fact the primary pain generator. Finally, one of the requesting providers was a chiropractor (DC), not a shoulder surgeon, significantly reducing the likelihood of the applicant acting on the results of the study in question. Therefore, the request was not medically necessary.

Magnetic resonance imaging (MRI) of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Similarly, the request for MRI imaging of the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the fact the shoulder and cervical MRI imaging were concurrently ordered significantly reduced the likelihood of the applicant is acting on the results of either study and/or consider surgical intervention based on the outcome of the same. It is further noted that the applicant had had earlier left shoulder (and cervical) MRI imaging at an earlier point in time, the results of which were unknown and/or had not been reported to the current treating provider(s). The previous studies, if positive, would likely obviate the need for the shoulder MRI imaging in question, particularly in light of the fact that it did not appear that the applicant was intent on pursuing any kind of surgical remedy as of the date of the request, March 12, 2015 and May 7, 2015. Therefore, the request was not medically necessary.

Electromyogram (EMG)/Nerve conduction study (NCS) of the bilateral upper extremities:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Finally, the request for electrodiagnostic testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in evaluation of applicants without symptoms is deemed "not recommended." Here, office visits of March 12, 2015 and May 7, 2015 suggested that the applicant is radicular versus neuropathic pain complaints were confined to the left upper extremity. Both of the applicant's treating providers reported that the applicant's dysesthesias, paresthesias, numbness, and/or tingling symptoms were confined to the symptomatic left upper extremity. Since electrodiagnostic testing of the bilateral upper extremities, would, by definition, involve testing of the seemingly asymptomatic right upper extremity, the request, as written, was at odds with the MTUS principles and parameters. Therefore, the request was not medically necessary.