

Case Number:	CM15-0091699		
Date Assigned:	05/18/2015	Date of Injury:	10/15/2008
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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, Pain Management

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 54 year old female injured worker suffered an industrial injury on 10/15/2008. The diagnoses included left wrist and elbow strain/sprain, right shoulder impingement, cervical and lumbar strain/sprain and right carpal tunnel syndrome. The diagnostics included right shoulder magnetic resonance imaging and electromyographic studies. The injured worker had been treated with acupuncture. On 1/12/2015 the treating provider continued cervical pain radiating down both arms rated 4 to 5/10 at rest and with movement 7/10. The lumbar spine pain was 2/10 at rest and 5/10 on movement radiating down both legs. The right shoulder pain was constant 4/10 at rest and 6/10 on movement. The wrist was constant rated 3 to 4/10 and with movement 6/10 associated with tingling and numbness. The treatment plan included MRI of the lumbar spine and right shoulder, Referral to pain management consultation, ELECTROMYOGRAPHIC STUDIES/NERVE CONDUCTION VELOCITY STUDIES of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, a progress note on 2/3/15 indicate L4-5 nerve compromise on the neurological exam, as the patient has decreased pinprick sensation bilaterally in the L4-5 dermatome. Additionally, there is documentation of worsening lower back pain despite conservative treatment. Lastly, MRI could reveal area of compromise and help with make the determination if epidural steroid injections may be helpful to the patient. As such, the currently requested lumbar MRI is medically necessary.

MRI of the right 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 (DOG), Shoulder, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has had any x-ray imaging for shoulder pain and reduced motion. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. There is no documentation of a significant change in pathology or documentation of red flag symptoms that would warrant an MRI imaging at this time. In the absence of clarity regarding those issues, the currently requested right shoulder MRI is not medically necessary.

Referral to pain management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain in the cervical spine, lumbar spine, and right shoulder that is corroborated by physical exam findings. The patient is not responding well to conservative treatment for pain. Therefore, a consult with pain management is indicated at this time to address more complex pain concerns. The request is medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of upper extremities:
Overturned

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 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG and nerve conduction studies of bilateral upper extremities, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of abnormal exam finding in the C5-C6 dermatome with reduced sensation and bilateral upper extremity weakness on 2/3/2015. Compare to 5/19/2014, a progress note indicated no significant abnormal finding on cervical neurological exam. Because there is a rise of new and worsening symptoms of the C5-C6 level, the currently requested EMG and nerve conduction studies of bilateral upper extremities is medically necessary.