

Case Number:	CM15-0093626		
Date Assigned:	05/19/2015	Date of Injury:	08/06/2013
Decision Date:	09/23/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on August 6, 2013. Several documents included in the submitted medical records are difficult to decipher. He reported immediate pain of the head, neck, bilateral shoulders, mid back, and low back. The injured worker was diagnosed as having headaches, cervical sprain/strain with myalgia, bilateral shoulder tendinitis/bursitis, thoracic spine sprain/strain with myalgia, lumbar spine sprain/strain with myalgia, lumbar spine disc displacement without myelopathy, and thoracic or lumbar neuritis or radiculitis unspecified. Diagnostic studies to date have included x-rays and urine drug screening. Diagnostic studies were not included in the provided medical records. Treatment to date has included work modifications and medications including topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On March 17, 2015, the injured worker complains of occasional, aching, throbbing headaches; occasional, aching pain of the cervical spine; constant, aching, burning pain of the right shoulder; frequent, aching, throbbing left shoulder pain; occasional, aching pain of the thoracic spine; and frequent, shooting, aching pain of the lumbar spine. The physical exam revealed palpable tenderness of the bilateral cervical paraspinal and trapezius muscles; normal cervical range of motion with pain, normal muscle strength, normal reflexes of the bilateral upper extremities, and normal sensation of the cervical 3-4 to thoracic 1-2 dermatomes. There was tenderness of the bilateral acromioclavicular joints, subacromial spaces, and rotator cuffs; and normal bilateral shoulder range of motion with pain. There was tenderness of the rhomboids, thoracic spine paraspinal musculature, lumbar spinous processes and paraspinal musculature, and the bilateral sacroiliac

joints and sciatic notches. There was normal thoracic spine range of motion, and decreased lumbar spine range of motion with pain. There was normal muscle strength and reflexes of the bilateral lower extremities. The bilateral lumbar 4, lumbar 5, and sacral 1 dermatome had decreased sensation. There was a slow gait pattern without a limp, ability to heel-toe walk, and lumbar spine pain with a full squat. The treatment plan includes MRIs of the cervical spine, bilateral shoulders, lumbar spine, and thoracic spine, and nerve conduction velocity/ electromyography of the lumbar spine and lower extremities.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The 37 year old patient complains of headaches, rated at 6/10; neck pain, rated at 7/10; right shoulder pain, rated at 4/10; left shoulder pain, rated 7/10; and lower back pain, rated at 6-8/10 with occasional radiation bilateral lower extremities, as per progress report dated 03/17/15. The request is for MRI OF THE CERVICAL SPINE. The RFA for this case is dated 04/28/15, and the patient's date of injury is 08/06/13. Diagnoses, as per progress report dated 03/17/15, included headaches, cervical sprain/strain with myalgia, r/o cervical spine disc displacement, bilateral shoulder tendinitis/bursitis, r/o bilateral shoulder internal derangement, thoracic sprain/strain with myalgia, lumbar sprain/strain with myalgia, lumbar disc displacement, and lumbar spine radiculitis. The patient has been allowed to return to modified work, as per progress report dated 11/03/14. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations states: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist. ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present, Neck pain with radiculopathy of severe or progressive neurologic deficit. In this case, none of the progress reports document prior MRI of the cervical spine. The current request is noted in progress report dated 03/17/15. In the report, the treater states that the imaging study will help rule out discal pathology. The treater further states that MRI was chosen due to its ability to identify both soft tissue and osseous pathology in the neck and upper back. The patient does suffer from pain in the cervical spine along with tenderness in bilateral paraspinal muscles and trapezius muscles and positive hyperextension test. Physical examination, however,

reveals normal motor strength and range of motion. Additionally, most orthopedic tests including axial compression and distraction, Spurling's test, and Valsalva's maneuver are negative. The patient does not present with any red flags such as myelopathy or bowel/bladder symptoms either. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. Therefore, the requested MRI of the cervical spine IS NOT medically necessary.

MRI of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 and 208.

Decision rationale: The 37 year old patient complains of headaches, rated at 6/10; neck pain, rated at 7/10; right shoulder pain, rated at 4/10; left shoulder pain, rated 7/10; and lower back pain, rated at 6-8/10 with occasional radiation bilateral lower extremities, as per progress report dated 03/17/15. The request is for MRI OF THE RIGHT SHOULDER. The RFA for this case is dated 04/28/15, and the patient's date of injury is 08/06/13. Diagnoses, as per progress report dated 03/17/15, included headaches, cervical sprain/strain with myalgia, r/o cervical spine disc displacement, bilateral shoulder tendinitis/bursitis, r/o bilateral shoulder internal derangement, thoracic sprain/strain with myalgia, lumbar sprain/strain with myalgia, lumbar disc displacement, and lumbar spine radiculitis. The patient has been allowed to return to modified work, as per progress report dated 11/03/14. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" In this case, none of the progress reports document prior MRI of the shoulder. The current request is noted in progress report dated 03/17/15. In the report, the treater states that the imaging study will help rule out rotator cuff pathology and/or impingement syndrome indicated on clinical examination. The patient does suffer from right shoulder pain, rated at 4/10. Physical examination revealed tenderness to palpation at AC joint, subacromial spaces and rotator cuffs along with painful range of motion. Neer's test, Hawkin's test and Empty can test were positive on the right, Given the patient's persistent pain with suspicion for rotator cuff as well as other pathologies, the requested MRI IS medically necessary.

MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 and 208.

Decision rationale: The 37 year old patient complains of headaches, rated at 6/10; neck pain, rated at 7/10; right shoulder pain, rated at 4/10; left shoulder pain, rated 7/10; and lower back pain, rated at 6-8/10 with occasional radiation bilateral lower extremities, as per progress report dated 03/17/15. The request is for MRI OF THE LEFT SHOULDER. The RFA for this case is dated 04/28/15, and the patient's date of injury is 08/06/13. Diagnoses, as per progress report dated 03/17/15, included headaches, cervical sprain/strain with myalgia, r/o cervical spine disc displacement, bilateral shoulder tendinitis / bursitis, r/o bilateral shoulder internal derangement, thoracic sprain/strain with myalgia, lumbar sprain/strain with myalgia, lumbar disc displacement, and lumbar spine radiculitis. The patient has been allowed to return to modified work, as per progress report dated 11/03/14. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" In this case, none of the progress reports document prior MRI of the shoulder. The current request is noted in progress report dated 03/17/15. In the report, the treater states that the imaging study will help rule out rotator cuff pathology and/or impingement syndrome indicated on clinical examination. The patient does suffer from right shoulder pain, rated at 4/10. Physical examination revealed tenderness to palpation at AC joint, subacromial spaces and rotator cuffs along with painful range of motion. Neer's test, Hawkin's test and Empty can test were positive on the right, Given the patient's persistent pain with suspicion for rotator cuff as well as other pathologies, the requested MRI IS medically necessary.

MRI of the thoracic 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, Indications for imaging-magnetic resonance imaging. Low Back Chapter, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic Chapter, under MRI's.

Decision rationale: The 37 year old patient complains of headaches, rated at 6/10; neck pain, rated at 7/10; right shoulder pain, rated a 4/10; left shoulder pain, rated 7/10; and lower back pain, rated at 6-8/10 with occasional radiation bilateral lower extremities, as per progress report dated 03/17/15. The request is for MRI OF THE THORACIC SPINE. The RFA for this case is

dated 04/28/15, and the patient's date of injury is 08/06/13. Diagnoses, as per progress report dated 03/17/15, included headaches, cervical sprain/strain with myalgia, r/o cervical spine disc displacement, bilateral shoulder tendinitis / bursitis, r/o bilateral shoulder internal derangement, thoracic sprain/strain with myalgia, lumbar sprain/strain with myalgia, lumbar disc displacement, and lumbar spine radiculitis. The patient has been allowed to return to modified work, as per progress report dated 11/03/14. ODG, Low Back Lumbar and Thoracic Chapter, MRI's, states, "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, none of the progress reports document prior MRI of the thoracic spine. The current request is noted in progress report dated 03/17/15. In the report, the treater states that the imaging study will help rule out discal pathology. The patient suffers from pain in the thoracic spine, rated at 6/10, as per progress report dated 03/17/15. Physical examination revealed that there is tenderness to palpation in the thoracic paraspinal muscles and the rhomboids. However, the range of motion is normal and there are no neurologic deficits. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. Therefore, the requested MRI of the cervical spine IS NOT medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The 37 year old patient complains of headaches, rated at 6/10; neck pain, rated at 7/10; right shoulder pain, rated a 4/10; left shoulder pain, rated 7/10; and lower back pain, rated at 6-8/10 with occasional radiation bilateral lower extremities, as per progress report dated 03/17/15. The request is for MRI OF THE LUMBAR SPINE. The RFA for this case is dated 04/28/15, and the patient's date of injury is 08/06/13. Diagnoses, as per progress report dated 03/17/15, included headaches, cervical sprain/strain with myalgia, r/o cervical spine disc displacement, bilateral shoulder tendinitis / bursitis, r/o bilateral shoulder internal derangement, thoracic sprain/strain with myalgia, lumbar sprain/strain with myalgia, lumbar disc displacement, and lumbar spine radiculitis. The patient has been allowed to return to modified work, as per progress report dated 11/03/14. ACOEM Guidelines, chapter 8, page 177 and 178, states unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, none of the progress reports document prior MRI of the lumbar spine. The current request is noted in progress report dated 03/17/15. In the report, the treater states that the

imaging study will help rule out discal pathology. The patient suffers from pain in the lumbar spine, rates at 8/10, as per progress report dated 03/17/15. Physical examination revealed tenderness to palpation in lumbar paraspinal muscles, bilateral sacroiliac joints and sciatic notches. Range of motion is limited. Orthopedic tests such as SLR, Kemp's test, and Patrick-Fabre's test are positive as well. Given the patient's pain and the neurologic deficits, an MRI appears reasonable and IS medically necessary.

NCV/EMG of the lumbar spine & lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015 Low Back Chapter Nerve conduction studies (NCS).

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

Decision rationale: The 37 year old patient complains of headaches, rated at 6/10; neck pain, rated at 7/10; right shoulder pain, rated a 4/10; left shoulder pain, rated 7/10; and lower back pain, rated at 6-8/10 with occasional radiation bilateral lower extremities, as per progress report dated 03/17/15. The request is for NCV/EMG OF THE LUMBAR SPINE & LOWER EXTREMITIES. The RFA for this case is dated 04/28/15, and the patient's date of injury is 08/06/13. Diagnoses, as per progress report dated 03/17/15, included headaches, cervical sprain/strain with myalgia, r/o cervical spine disc displacement, bilateral shoulder tendinitis/bursitis, r/o bilateral shoulder internal derangement, thoracic sprain/strain with myalgia, lumbar sprain/strain with myalgia, lumbar disc displacement, and lumbar spine radiculitis. The patient has been allowed to return to modified work, as per progress report dated 11/03/14. ODG Guidelines, chapter 'Low Back-Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)' states the following: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ODG Guidelines, chapter 'Low Back-Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta- analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. In this case, a request for EMG/NCV is first noted in progress report dated 09/12/14. However, it is not clear if the patient underwent the testing at that time. In progress report dated 03/17/15, the treater states that the study will help rule out radiculopathy vs peripheral neuropathy. The patient does suffer from lower back pain with occasional radiation to bilateral lower extremities. EMG/NCV at this stage may help with accurate diagnoses. Hence, the request IS medically necessary.