

<b>Case Number:</b>	CM13-0011932		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	04/07/2007
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

### 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 underlying date of injury in this case is 04/07/2007. Treating diagnoses include a history of antecedent chronic spinal complaints and headaches dating back to 1990 through 1997; motor vehicle accident in September 1998 with reported axial skeletal pain; motor vehicle accident in June 2003 with headache, neck pain, back pain, and knee pain; history of intermittent right-sided pain in March 2007 with associated otitis media; April 2007 occipital contusion with cervical contusion and strain and cervicogenic headaches; January 2008 lumbosacral contusion and strain with occipital contusion and cervical strain and cervicogenic headaches; May 2008 injury involving the right shoulder, wrist, cervical spine, right foot, and ankle; and reported sleep dysfunction with excessive daytime sleepiness due to pain. A prior physician review noted this is a 52-year-old woman who was initially injured in April 2007 when she fell backwards while walking on a wet floor and she injured her bilateral knees, right shoulder, and low back. That review recommended non-certification of a right shoulder MRI given that there was no mention of right shoulder symptoms on exam findings and no surgical plan and no mention of injection or conservative treatment. That period of request for an MRI of the lumbar spine was noncertified given that the patient reported low back pain without radicular pain. A request for an unloading knee brace was noncertified given the lack of documented instability or conditions to support the brace. A low back brace was reported as not medically necessary. A referral to pain management was noncertified given that there was no documentation of a failure of oral medications or failure of conservative treatment or plan for interventional procedures. A request for authorization letter of 08/28/2013 from the treating physician notes that the patient has a right shoulder MRI showing a retracted tear and a right knee MRI showing a meniscus tear. That note indicates the pa

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** ACOEM Guidelines, Chapter 9 Shoulder, page 209, states, "Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion." The medical records at this time do not clearly provide details regarding the differential diagnosis or rationale for requested MRI of the right shoulder. This request is not medically necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341-342. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** ACOEM Guidelines, Chapter 12 Low Back, page 309, recommends MRI imaging, "When cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative." Alternatively, ACOEM Guidelines, Chapter 12 Low Back, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The patient does not meet either of these criteria for an MRI of the lumbar spine. The records and guidelines do not support rationale for this request. This request is not medically necessary.

**Unloading knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** ACOEM Guidelines, Chapter 13 Knee, page 340, states, "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The

medical records do not indicate that this patient meets these criteria for stressing the knee to support an indication for this treatment. This request is not medically necessary.

**Low back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** ACOEM Guidelines, Chapter 12 Low Back, page 301, states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The medical records do not provide alternate rationale to support medical necessity for this treatment aside from the treatment guidelines. This request is not medically necessary.

**Referral to pain management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

**Decision rationale:** ACOEM Guidelines, Chapter 3 Treatment, page 45, states, "Variance from expectations: If the patient is not recovering as he or she expects, the patient inclination should seek reasons for the delay and address them appropriately." Prior treatment review notes that this patient does not have a clear indication for invasive pain management. A pain management consultation need not be only for invasive pain management but could be appropriate in a case such as this where a patient has an ongoing complex pain condition which has not clearly responded to past treatment. In this situation, the medical records are consistent within such a situation where there is a variance for expectations. The request for a pain management consultation is medically necessary.