

<b>Case Number:</b>	CM13-0069512		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 58 year old individual injured after a slip and fall at work October 5, 2001. The records provided for review documented injuries to the low back, neck, dental issues as well as right shoulder injury. A clinical assessment by [REDACTED] on October 21, 2013 noted continued complaints of neck pain radiating to the upper extremity, low back pain, and right shoulder pain. The working diagnosis was discogenic disease of the thoracic and lumbar spine status post right shoulder arthroscopy and decompression. While clinical imaging reports were not available for review, there was documentation that a cervical MRI demonstrated a disc protrusion posteriorly at the C6-7 level. Conservative treatment was documented as medication management. At the last clinical assessment the recommendations were made for both upper and lower extremity electrodiagnostic studies, an MRI of the thoracic spine, lumbar spine and right shoulder, 18 additional sessions of physical therapy for the low back, neck and right shoulder, a psyche consultation and pain management consultation. Formal examination findings were not noted at that assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY (EMG) UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

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

**Decision rationale:** Based on the CA ACOEM 2004 Guidelines, the request for electrodiagnostic studies of the upper extremities cannot be supported. The claimant is noted to have continued subjective complaints of neck pain, but there is no documentation of objective findings on examination that indicate a radicular process of the upper extremity that would support electrodiagnostic testing. The specific request is not supported.

**ELECTROMYOGRAPHY (EMG) LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** Based on CA ACOEM Guidelines electrodiagnostic studies of the lower extremities also cannot be recommended as medically necessary. While it is documented that the claimant has positive subjective complaints, there is no documentation of objective physical findings on examination of the lower extremities to indicate a radicular process to warrant further electrodiagnostic testing. The specific request would not be supported.

**MRI THORACIC SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

**Decision rationale:** In the absence of red flags, imaging and other tests are not usually helpful during the first four to six weeks of low back symptoms. Page 303 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 who 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.

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

**Decision rationale:** Based on the CA ACOEM Guidelines a thoracic and lumbar MRI scan is not indicated. The current clinical presentation does not support objective findings on examination or change in the claimant's condition that would support the need for imaging in this case. The need for a lumbar MRI scan is not indicated.

**MRI RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**Decision rationale:** Based on the CA ACOEM Guidelines an MRI of the right shoulder is not medically necessary. The claimant's surgical history is noted, there is no current indication of a positive objective findings on examination or documentation of recent failed treatment that would support an MRI of the right shoulder. The absence of documentation of a significant change in the condition of the shoulder would fail to necessitate further imaging.

**PHYSICAL THERAPY TO UPPER AND LOWER BACK, RIGHT SHOULDER X 18:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not support 18 additional sessions of therapy. The Chronic Pain Guidelines support the role of periodic physical therapy in the chronic setting based on the occurrence of a symptomatic flare. There is no documentation to indicate that the claimant is experiencing a symptomatic flare. In addition, the Chronic Pain Guidelines do not recommend more than 9 sessions of therapy. There is no current documentation of acute symptomatic flare to necessitate the role of this modality. It is unclear at this stage I the claimant's course of treatment why a transition to an aggressive home exercise program would not be appropriate.

**PSYCHE CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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) CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE, 127.

**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) CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE, 127

**Decision rationale:** Based on the CA MTUS ACOEM Guidelines a Psyche consultation would not be recommended as medically necessary. The claimant has chronic pain with neck, low back and shoulder complaints and the records indicated that the claimant has been seeking psychological assessment. There is no documentation of an explanation for the purpose of the Psyche consult. Without additional documentation of a specific reason or diagnosis the psychiatric consultation cannot be recommended as medically necessary.

**PAIN MEDICINE CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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) CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE, 127.

**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) CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE, 127.

**Decision rationale:** Based on the ACOEM Guidelines referral for pain management consultation would not be indicated. The claimant has chronic pain syndrome of the neck, low back and shoulder. His referring physician [REDACTED] appears to be managing the claimant from a conservative point of view. There is no documentation of pertinent findings or a significant change in symptoms to explain why the pain management consultation is requested. It would be unclear what a pain management consultation would add to the claimant's treatment plan that already appears to be managed from a physical medicine perspective. The request is not indicated.