

Case Number:	CM14-0170206		
Date Assigned:	10/20/2014	Date of Injury:	07/22/2014
Decision Date:	12/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 22, 2014. In a Utilization Review Report dated September 5, 2014, the claims administrator denied cervical MRI imaging, denied shoulder MRI imaging, denied an X-Force stimulator, denied a Solacare heating system, and denied a lumbar pneumatic brace. Despite the fact that this did not appear to be a chronic pain case, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines to deny the X-Force stimulator. The applicant's attorney subsequently appealed. In a progress note dated September 2, 2014, the applicant consulted an orthopedic surgeon, reporting ongoing complaints of knee and low back pain. It was stated the applicant was off of work, on total temporary disability. It was suggested that the applicant had reported multifocal pain complaints of neck, shoulder, arm, hand, mid back, and low back pain secondary to cumulative trauma from repetitive lifting at work. The applicant was also alleging depressive symptoms, emotional distress, psychological stress secondary to allegedly being harassed by his supervisor at work. Ancillary complaints of vertigo and dizziness were also noted. The applicant was using estazolam, BuSpar, and Motrin, it was noted. Multifocal pain complaints were reported. The applicant had had a BMI of 31. Cervical and lumbar range of motion was limited secondary to pain. Upper extremity strength scored 5/5 throughout. X-rays of the hands were negative. X-rays of the lumbar spine and cervical spine demonstrated low-grade degenerative bony and/or disc changes. Positive signs of internal impingement were appreciated with some left shoulder weakness evident. This was not quantified, however. MRI imaging studies of multiple body parts, including left shoulder and cervical spine, were endorsed. Physical therapy, muscle relaxants, Voltaren, Soma, Ultracet, and

X-Force stimulator, and a Solacare heating system were endorsed while the applicant was placed off of work, on total temporary disability. A lumbar support was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI evaluation of the cervical spine: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving the cervical spine. The multifocal nature of the applicant's complaints and multiplicity of body parts implicating the injury, including bilateral shoulders, arms, low back, neck, etc., superimposed on issues with psychological stress, taken together, would effectively argue against the presence of any focal neurological compromise pertaining to the cervical spine for which MRI imaging would be indicated to evaluate, as does the applicant's well-preserved, 5/5 upper extremity strength appreciated on the September 2, 2014 office visit, reference above. Therefore, the request is not medically necessary.

Purchased x-force stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1,49.

Decision rationale: The X-Force stimulator represents a form of transcutaneous electrical nerve stimulation or TENS. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, however, TENS, the modality at issue, is deemed "not recommended." The attending provider did not attach any compelling applicant-specific rationale or narrative commentary along with the request for authorization so as to offset the unfavorable ACOEM position on the article at issue. The proposed X-Force stimulator/TENS unit device at issue on a trial basis before a request to purchase the same was initiated. Therefore, the request is not medically necessary.

Solar Care FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Table 3-1,49; 300.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that self-application of heat and cold "is optional" as part of an initial approach to treatment, ACOEM does not, by implication, support more elaborate, high-tech devices for delivering heat and/or cold therapy, as is being sought via the proposed Solacare FIR heating system at issue. ACOEM Chapter 12, page 300 further notes that at-home local application of heat and cold are as effective as those performed by therapist or, by implication, via high techniques, as is being sought here. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.

Kronos lumbar pneumatic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was approximately six weeks outside of the acute phase of symptom relief following an industrial injury of July 21, 2014 as of the date of the request, September 2, 2014. Introduction and/or ongoing usage of a lumbar support were not indicated as of the date in question, per ACOEM. Therefore, the request is not medically necessary.

MRI evaluation of the left shoulder: Upheld

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): Table 9-6, 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging or arthrography for evaluation purposes without surgical indications is "not recommended." In this case, as of the request for cervical MRI imaging, the multifocal nature of the applicant's complaints and multiplicity of body parts implicated in the applicant's allegations of cumulative trauma including the neck, low back, bilateral shoulders, and bilateral hands, etc., make it highly unlikely that the applicant was/is actively considering or contemplating any kind of surgical intervention involving the injured

shoulder. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention involving the same. Therefore, the request is not medically necessary.