

Case Number:	CM14-0171736		
Date Assigned:	10/23/2014	Date of Injury:	07/26/2013
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 neck, back, shoulder and arm pain reportedly associated with an industrial injury of July 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for MRI imaging of the lumbar spine, right shoulder and right wrist, and denied a sleep study. The applicant's attorney subsequently appealed. In a progress note dated August 21, 2014, the applicant reported ongoing complaints of right shoulder pain, right arm pain, right wrist pain and right elbow pain. The applicant had a history of previously sustained ulnar fracture on July 17, 2014, it was noted, with status post ORIF of the same. The applicant was having issues with multiple pain complaints and derivative sleep disturbance. MRI imaging of the shoulder, wrist, elbow, and upper arm were all sought. The attending provider stated that previous MRI studies of the shoulder had been done, but these were too dated and too old to be relied upon. The applicant was also asked to employ Somnicin, a dietary supplement, and to remain off of work, on total temporary disability. The MRI of the wrist was apparently performed on September 12, 2014, despite the unfavorable utilization review decision. The study was notable for tear of the triangular fibrocartilage complex. Similarly, MRI imaging of the lumbar spine was also performed on September 11, 2014, again despite unfavorable Utilization Review decision. It, too, was notable for multilevel disk protrusions and disk herniations at L4-L5 and L5-S1, again of uncertain significance. In an earlier note dated May 8, 2014, the applicant was again placed off of work, on total temporary disability. Significantly limited shoulder range of motion was noted with positive signs of internal impingement. The applicant was given Vicoprofen and Prilosec

for pain relief and asked to remain off of work. The attending provider suggested that the applicant might require shoulder surgery and/or shoulder surgery consultation.

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, right shoulder, wrist, and upper arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 272, 214, 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine. Rather the multifocal nature of the applicant's complaints, which included shoulder pain, wrist pain, arm pain, elbow pain, low back pain, etc., implied that the applicant was not, in fact, actively considering or contemplating any kind of surgery involving the lumbar spine. There was no explicit statement or (implicit expectation) that the applicant would act on the results of any of the MRI imaging studies in question and/or consider surgical intervention involving any of the body parts at issue. Similarly, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 notes that the routine usage of MRI imaging of the shoulder for evaluation purposes without surgical indications is "not recommended." As with the lumbar MRI, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the shoulder MRI and/or consider any kind of surgical intervention on the injured right shoulder. Finally, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that use of MRI scans of the wrist prior to evaluation by a qualified specialist is "optional." Here, however, the fact that multiple MRI studies were concurrently sought implies that these studies were being performed for evaluator purposes, with no clear intention of acting on the result of the same. There was no mention of the imaging studies in question influencing the treatment plan and no mention that the applicant would act on the results of the imaging studies and/or consider any kind of surgical intervention involving the wrist, shoulder, upper arm, low back, etc. Therefore, the request is not medically necessary.

Sleep study: Upheld

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 Chapter, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (ASM), Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS do not address the topic. While the American Academy of Sleep Medicine (ASM) notes that polysomnography/sleep studies are indicated when there is reasonable clinical suspicion of a breathing disorder or movement disorder such as sleep apnea. In this case, however, it was not clearly stated why, how and/or if bonafide sleep disorder such as sleep apnea were suspected. Rather, it appears that the applicant had a variety of sleep disturbance/sleep derangement issues secondary to pain. A sleep study would be of no benefit in establishing the presence of pain-induced insomnia per ASM. Therefore, the request is not medically necessary.