

Case Number:	CM14-0176065		
Date Assigned:	10/29/2014	Date of Injury:	06/26/2014
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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 Emergency 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 injured worker is a 38 year-old male, who sustained an injury on June 26, 2014. The mechanism of injury occurred when he was building a tent when a rope was pulled around his right arm. Pertinent diagnostics were not noted. Treatments have included: physical therapy, medications. The current diagnoses are: cervical disc displacement, lumbar disc herniation, right shoulder tendonitis, lateral epicondylitis, carpal tunnel syndrome, sleep disorder. The stated purpose of the request for 3D MRI of The Cervical Spine was not noted. The request for 3D MRI of The Cervical Spine was denied on September 23, 2014, citing a lack of documentation of significant neurologic exam findings indicative of nerve compromise. The stated purpose of the request for 3D MRI of The Lumbar Spine due to positive orthopedic testing. The request for 3D MRI of The Lumbar Spine was modified for 1 MRI on September 23, 2014, citing a lack of documentation of indications of vascular injury. The stated purpose of the request for 3D MRI of The Right Shoulder was not noted. The request for 3D MRI of The Right Shoulder was denied on September 23, 2014, citing a lack of documentation of acute shoulder trauma nor radiographs of the shoulder. The stated purpose of the request for Work Conditioning/Hardening Consultation was to assess if the injured worker is a candidate for work hardening. The request for Work Conditioning/Hardening Consultation was denied on September 23, 2014, citing a lack of documentation of plateau from physical therapy nor rule out of surgical candidacy. The stated purpose of the request for Functional Capacity Evaluation (FCE): was to assess functional improvement. The request for Functional Capacity Evaluation (FCE): was denied on September 23, 2014, citing a lack of documentation of maximal medical improvement. Per the report dated September 2, 2014, the treating physician noted complaints of pain to the cervical, thoracic and lumbar spines, with radiation to the right lower extremity, along with pain to the right upper extremity and numbness and tingling. Exam findings included

cervical spasm and tenderness with positive axial compression, positive Kemp and Yeoman testing, right speed test, Cozen and Tinel and Phalen signs, positive right straight leg raising test; decreased right upper extremity reflexes, decreased right grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI.

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

Decision rationale: The requested 3D MRI of The Cervical Spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "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". The injured worker has pain to the cervical, thoracic and lumbar spines, with radiation to the right lower extremity, along with pain to the right upper extremity and numbness and tingling. The treating physician has documented cervical spasm and tenderness with positive axial compression, positive Kemp and Yeoman testing, right speed test, Cozen and Tinel and Phalen signs, positive right straight leg raising test; decreased right upper extremity reflexes, decreased right grip strength. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation. The criteria noted above not having been met, 3D MRI of The Cervical Spine is not medically necessary.

3D MRI of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested 3D MRI of The Lumbar Spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "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". The injured worker has pain to the cervical, thoracic and lumbar spines, with radiation to the right lower extremity, along

with pain to the right upper extremity and numbness and tingling. The treating physician has documented cervical spasm and tenderness with positive axial compression, positive Kemp and Yeoman testing, right speed test, Cozen and Tinel and Phalen signs, positive right straight leg raising test; decreased right upper extremity reflexes, decreased right grip strength. However, the treating physician has not documented exam evidence indicative of vascular injury nor the medical necessity for a 3D MRI versus a standard MRI. The criteria noted above not having been met, 3D MRI of The Lumbar Spine is not medically necessary.

3D MRI of The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI.

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

Decision rationale: The requested 3D MRI of The Right Shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has pain to the cervical, thoracic and lumbar spines, with radiation to the right lower extremity, along with pain to the right upper extremity and numbness and tingling. The treating physician has documented cervical spasm and tenderness with positive axial compression, positive Kemp and Yeoman testing, right speed test, Cozen and Tinel and Phalen signs, positive right straight leg raising test; decreased right upper extremity reflexes, decreased right grip strength. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion, nor radiographs of the shoulder. The criteria noted above not having been met, 3D MRI of The Right Shoulder is not medically necessary.

Work Conditioning/Hardening Consultation: 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), Physical Medicine: Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and Work Hardening Page(s): 125-126.

Decision rationale: The requested Work Conditioning/Hardening Consultation, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and

demonstrated significant gains. The injured worker has pain to the cervical, thoracic and lumbar spines, with radiation to the right lower extremity, along with pain to the right upper extremity and numbness and tingling. The treating physician has documented cervical spasm and tenderness with positive axial compression, positive Kemp and Yeoman testing, right speed test, Cozen and Tinel and Phalen signs, positive right straight leg raising test; decreased right upper extremity reflexes, decreased right grip strength. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitations. The criteria noted above not having been met, Work Conditioning/Hardening Consultation is not medically necessary.

Functional Capacity Evaluation (FCE): 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), Fitness for Duty chapter: Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-90.

Decision rationale: The requested Functional Capacity Evaluation (FCE):, is not medically necessary. American College of Occupational Medicine, (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 5, Cornerstones of Disability Prevention and Management, Reassessing Function and Functional Recovery, Page 89-90, note that there is little scientific evidence confirming FCE's ability to predict an individual's actual capacity to perform in the workplace, and are at least somewhat dependent on an evaluation of the employer's physical demand analysis. The injured worker has pain to the cervical, thoracic and lumbar spines, with radiation to the right lower extremity, along with pain to the right upper extremity and numbness and tingling. The treating physician has documented cervical spasm and tenderness with positive axial compression, positive Kemp and Yeoman testing, right speed test, Cozen and Tinel and Phalen signs, positive right straight leg raising test; decreased right upper extremity reflexes, decreased right grip strength. The treating physician has not documented that the injured worker is at Maximum Medical Improvement, nor documented the presence of a current and job-specific employer physical demand analysis. The criteria noted above not having been met, Functional Capacity Evaluation (FCE): is not medically necessary.