

Case Number:	CM14-0061500		
Date Assigned:	08/08/2014	Date of Injury:	08/13/2013
Decision Date:	10/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 35 year old male with a 8/13/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 2/7/14 noted subjective complaints of neck and back pain. Objective findings included tenderness to palpation of the paraspinals, decreased ROM/flexibility. There was no neurological testing documented. EMG/NCV of bilateral upper extremities 1/28/14 were normal. Cervical spine xray 10/2/13 was unremarkable. Diagnostic Impression: cervical, thoracic, lumbar spine r/o radiculopathy, L shoulder r/o internal derangement/tear/impingement Treatment to Date: medication management A UR decision dated 4/11/14 denied the request for acupuncture 2 x 4. It also denied functional capacity evaluation low back. It also denied MR arthrogram left shoulder. It also denied cervical MRI. It also denied thoracic MRI. It also denied lumbar MRI. It also denied psych consultation. There were no rationales in the documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, there are no clearly defined functional goals in the documents available for review. It is not clear which body part or parts are intended to be treated and what objective improvement is sought. Therefore, the request for acupuncture 2 x 4 was not medically necessary.

Functional Capacity Evaluation low back: Upheld

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

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 page 132-139 Official Disability Guidelines (ODG) fitness for duty chapter, FCE

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no documentation that case management is hampered by any complex issues. There is minimal documentation regarding abnormalities of the back other than decreased flexibility and ROM. Therefore, the request for functional capacity evaluation low back was not medically necessary.

MR Arthrogram left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter

Decision rationale: CA MTUS criteria for imaging include a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to

avoid surgery; and clarification of the anatomy prior to an invasive procedure. In addition, MTUS states that arthrography may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more when surgery is being considered for a specific anatomic deficit. In many institutions, MR arthrography is usually necessary to diagnose labral tears. However, there are no red flag signs or symptoms documented. There is only decreased ROM noted. There is no mention of surgical consideration. Therefore, the request for MR arthrogram of the left shoulder was not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter - MRI

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there are no red flag signs or symptoms documented. There is no detailed neurological examination documented. Prior EMG/NCV of the upper extremities was normal. There is no mention of surgical consideration. Therefore, the request for cervical MRI was not medically necessary.

Thoracic MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. However, there are no red flag signs or symptoms documented. There is no detailed neurological examination documented. There is no mention of surgical consideration. Finally, there is no mention of failure of conservative management such as physical therapy. Therefore, the request for thoracic MRI was not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there are no red flag signs or symptoms documented. There is no detailed neurological examination documented. There is no mention of surgical consideration. Finally, there is no mention of failure of conservative management such as physical therapy. Therefore, the request for lumbar MRI was not medically necessary.

Psych Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 6 page 127,156 Official Disability Guidelines (ODG) pain chapter

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the documents available for review, there is no mention of any psychological symptoms such as depressive symptoms or anxiety that would substantiate the need for psychological evaluation. Therefore, the request for psych consultation was not medically necessary.