

<b>Case Number:</b>	CM14-0089013		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 04/04/2011 after a stack of files fell on top of her. The injured worker reportedly sustained an injury to her neck and right shoulder. The injured worker's treatment history included shockwave therapy, acupuncture, physical therapy, chiropractic manipulation, and work conditioning. The injured worker was evaluated on 04/30/2014. It was documented that the injured worker had pain complaints of the cervical spine and left shoulder. There were taught bands palpated at the cervical spine and right shoulder with evidence of cervical and right shoulder spine edema and decreased sensation of the right upper extremity. A request was made for anatomical impairment measurements of the cervical and thoracic spine; however, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Anatomical Impairment Measurements multiple positions (Thoracic Spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Hyperstimulation analgesia.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends imaging studies for patients who have failed to respond to conservative treatments and have documentation of radiculopathy on physical findings. However, this specific type of imaging is not addressed. Official Disability Guidelines do not support the use of hyper-stimulation analgesia as there is little scientific evidence to support the safety and efficacy of this type of imaging. Additionally, there is no documentation of significant contribution to treatment planning to support the need for this type of imaging. As such, the requested 1 Anatomical Impairment Measurements multiple positions (Thoracic Spine) is not medically necessary or appropriate.

**1 Anatomical Impairment Measurements multiple positions (Cervical Spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hyperstimulation analgesia.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends imaging studies for patients who have failed to respond to conservative treatments and have documentation of radiculopathy on physical findings. However, this specific type of imaging is not addressed. Official Disability Guidelines do not support the use of hyper-stimulation analgesia as there is little scientific evidence to support the safety and efficacy of this type of imaging. Additionally, there is no documentation of significant contribution to treatment planning to support the need for this type of imaging. As such, the requested 1 Anatomical Impairment Measurements multiple positions (Cervical Spine) is not medically necessary or appropriate.