

Case Number:	CM14-0203845		
Date Assigned:	01/02/2015	Date of Injury:	02/11/2002
Decision Date:	02/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 52 year-old male, who sustained an injury on February 11, 2002. The mechanism of injury occurred when he was struck by a tree branch. Diagnostics have included: 2009 cervical and shoulder MRI's. Treatments have included: chiropractic, medications. The current diagnoses are: cervical disc disease, cervical strain/sprain, cervical spasms. The stated purpose of the request for Magnetic Resonance Imaging (MRI) of the Cervical Spine was not noted. The request for Magnetic Resonance Imaging (MRI) of the Cervical Spine was denied on November 24, 2014, citing a lack of documentation of positive physical evidence. The stated purpose of the request for Magnetic Resonance Imaging (MRI) of the Right Shoulder was not noted. The request for Magnetic Resonance Imaging (MRI) of the Right Shoulder was denied on November 24, 2014, citing a lack of documentation of positive right shoulder exam findings. The stated purpose of the request for Pain Management Consultation was to evaluate for epidural injections. The request for Pain Management Consultation was denied on November 24, 2014, citing a lack of documentation of radiculopathy. The stated purpose of the request for 12 Massage Therapy Sessions (2 times per month for 6 months) was not noted. The request for 12 Massage Therapy Sessions (2 times per month for 6 months) was denied on November 24, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for 12 Pool Therapy Sessions (2 times per month for 6 months) was not noted. The request for 12 Pool Therapy Sessions (2 times per month for 6 months) was denied on November 24, 2014, citing a lack of documentation of failed land based therapy. Per the report dated November 9, 2014, the treating physician noted complaints of pain to the neck, right shoulder and arm. Exam showed restricted cervical range of motion and cervical spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines-Treatment in Workers Compensation (online edition) Neck and Upper Back

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

Decision rationale: The requested Magnetic Resonance Imaging (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 neck, right shoulder and arm. The treating physician has documented showed restricted cervical range of motion and cervical spasms. 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, reflexes or muscle strength. The criteria noted above not having been met, Magnetic Resonance Imaging (MRI) of the Cervical Spine is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines-Treatment in Workers Compensation (online edition) Neck and Upper Back

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

Decision rationale: The requested Magnetic Resonance Imaging (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 neck, right shoulder and arm. The treating physician has documented showed restricted cervical range of motion and cervical spasms. The treating physician has not documented Physical exam evidence of rotator cuff tear or impingement syndrome. The criteria noted above not having been met, Magnetic Resonance Imaging (MRI) of the Right Shoulder is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 195, 207-208, 165-166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The requested Pain Management Consultation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain to the neck, right shoulder and arm. The treating physician has documented showed restricted cervical range of motion and cervical spasms. The treating physician has not documented physical exam evidence of radiculopathy, a criteria for epidural injections which were the stated reasons for the consult. The criteria noted above not having been met, Pain Management Consultation is not medically necessary.

12 Massage Therapy Sessions (2 times per month for 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The requested 12 Massage Therapy Sessions (2 times per month for 6 months), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The injured worker has pain to the neck, right shoulder and arm. The treating physician has documented showed restricted cervical range of motion and cervical spasms. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other program involving aerobic and strengthening exercise. The criteria noted above not having been met, 12 Massage Therapy Sessions (2 times per month for 6 months) is not medically necessary.

12 Pool Therapy Sessions (2 times per month for 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The requested 12 Pool Therapy Sessions (2 times per month for 6 months), is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has pain to the neck, right shoulder and arm. The treating physician has documented showed restricted cervical range of motion and cervical spasms. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The criteria noted above not having been met, 12 Pool Therapy Sessions (2 times per month for 6 months) is not medically necessary.