

Case Number:	CM15-0103716		
Date Assigned:	06/08/2015	Date of Injury:	02/19/2015
Decision Date:	09/18/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 51 year old female, who sustained an industrial injury on 02/19/2015. She reported dizziness, numbness, and chest pain and was diagnosed with stress. The injured worker also reported prior pain in her shoulders, elbows, wrists, and hands along with blurred vision. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having right eye vision problems, history of work stress, history of dizziness episode, generalized tenderness, right shoulder tendinitis and impingement, and lumbosacral spine sprain/strain. Treatment and diagnostics to date has included physical therapy and medications. In a progress note dated 05/08/2015, the injured worker presented with complaints of bilateral shoulder pain, bilateral elbow pain, wrist pain, hand pain, blurred vision to right eye, intermittent tingling and numbness to the right side of her face, and depression and anxiety. Objective findings include tenderness to the cervical spine, bilateral shoulders, bilateral elbows and forearms, bilateral wrist, thoracic spine, lumbar spine, and bilateral knees. The treating physician reported requesting authorization for cervical spine MRI, bilateral shoulder MRI, electromyography/nerve conduction velocity studies, Internal Medicine consultation, and Psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: 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); Neck, magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: This 51 year old female has complained of shoulder pain, elbow pain, wrist pain and back pain since date of injury 2/19/2015. She has been treated with physical therapy and medications. The current request is for MRI cervical spine. The available medical records show a request for MRI of the cervical spine without any neurologic deficit on physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of red flag symptoms and neurologic findings is not indicated. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.

MRI bilateral shoulders: 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); Shoulders, magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: This 51 year old female has complained of shoulder pain, elbow pain, wrist pain and back pain since date of injury 2/19/2015. She has been treated with physical therapy and medications. The current request is for MRI bilateral shoulders. The available medical records show a request for MRI of the bilateral shoulders without adequate physical examination findings or rationale for the above requested testing. Per the MTUS guidelines cited above, imaging studies should be reserved for cases in which the results of the imaging study would change the treatment recommendation. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.

EMG/NCS bilateral upper extremities & cervical spine: 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, electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-182.

Decision rationale: This 51 year old female has complained of shoulder pain, elbow pain, wrist pain and back pain since date of injury 2/19/2015. She has been treated with physical therapy and medications. The current request is for EMG/NCS bilateral upper extremities and cervical spine. The available medical records do not document physical examination findings which would support the necessity of obtaining an EMG/NCS of the bilateral upper extremities and cervical spine. On the basis of the available medical documentation and per the MTUS guidelines cited above and the available provider documentation, EMG/NCS of the bilateral upper extremities and cervical spine is not indicated as medically necessary.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations & Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: This 51 year old female has complained of shoulder pain, elbow pain, wrist pain and back pain since date of injury 2/19/2015. She has been treated with physical therapy and medications. The current request is for Internal Medicine Consultation. Per the MTUS guidelines cited above, an Internal Medicine consultation is not indicated in the treatment of chronic low back pain. The available medical records do not document provider rationale/reasoning for obtaining an internal medicine consultation, which would not provide a specialty evaluation in the treatment of chronic pain. On the basis of the available medical records and per the MTUS guidelines cited above, Internal Medicine Consultation is not indicated as medically necessary.

Psychiatric Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: This 51 year old female has complained of shoulder pain, elbow pain, wrist pain and back pain since date of injury 2/19/2015. She has been treated with physical therapy and medications. The current request is for Psychiatric consultation. Per the MTUS guidelines cited above, an evaluation with a psychiatrist is not indicated in the treatment of chronic low back pain. The available medical records do not document provider rationale/reasoning for obtaining a psychiatric consultation. On the basis of the available medical records and per the MTUS guidelines cited above, a psychiatric consultation is not indicated as medically necessary.