

Case Number:	CM15-0162702		
Date Assigned:	09/04/2015	Date of Injury:	05/28/2015
Decision Date:	10/21/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old male, who sustained an industrial injury on 5-28-2015. Multiple industrial related injuries were noted. The injured worker was diagnosed as having hypertensive cardiovascular disease, left temporomandibular joint dystopia, exacerbation of obesity resulting in high blood pressure, diabetes, and gastroesophageal reflux disease, difficulty sleeping, etiology unknown, chronic left shoulder sprain-strain, chronic sprain-strain of the cervicothoracic spine and associated musculoligamentous structures, consider cervical disc and-or intraspinal injury, left elbow lateral epicondylitis, tendinitis and questionable carpal tunnel syndrome bilateral wrists, chronic thoracolumbar sprain-strain, consider lumbar disc and-or intraspinal injury, and tenderness of the bilateral knees (left greater than right), consider internal derangement. Treatment to date has included unspecified diagnostics and medications. On 6-26-2015, the injured worker complains of aching and stiffness of his neck and shoulders, pain in his left arm and shoulder, back pain with radiation down both legs and association with numbness and tingling. He also reported erectile dysfunction, gastrointestinal reflux, hypertension, diabetes, difficulty sleeping associated with stress, anxiety, and pain. He also reported worsening obesity due to poor eating habits while working. His height was 6'1.75" and weight was 332 pounds. Exam of the cervical spine noted tenderness from C2-6 and over the paravertebral muscles and limited range of motion. Exam of the shoulders noted tenderness over the left shoulder, shoulder girdle, and rotator cuff. He was too sore to test muscle strength in the left shoulder and impingement sign was positive on the left. Internal rotation and abduction were decreased on the left. Left elbow tenderness was also noted. Exam of the bilateral wrists showed tenderness and full range of motion bilaterally. Exam of the lumbar spine noted tenderness from L4-S1 and over the paraspinal muscles and sacroiliac joints. He was unable to squat but able to

walk on heels and toes. Range of motion was also limited. Straight leg raise was negative bilaterally and motor- sensory testing was intact. The treatment plan included magnetic resonance imaging of the cervical and lumbar spines, left shoulder and wrist, and bilateral knees, a medically supervised weight loss program, and a formal sleep study. He was currently working and could continue to do so.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically Supervised Weight Loss Program Qty 1: 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 Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) / Obesity.

Decision rationale: The MTUS / ACOEM did not specifically address the issue of obesity in the injured worker and therefore other guidelines were consulted. Per the ODG, screening and treatment of obesity is recommended with lifestyle modifications (diet and exercise). The request is for a medically supervised weight loss program, however a review of the injured workers medical records did not reveal a BMI calculation, neither was there documentation that lifestyle modifications had been undertaken by the injured worker and failed. Therefore, the request for medically supervised weight loss program is not medically necessary.

MRI cervical spine Qty 1: 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), Online, Indications for imaging MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS / ACOEM, "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of 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. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for MRI of The Cervical Spine is not medically necessary.

MRI Lumbar Spine Qty 1: 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), Online, Indications for imaging MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI Lumbar Spine is not medically necessary at this time.

MRI Left Shoulder Qty 1: 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), Online, Indications for imaging MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS/ ACOEM "For most patients with shoulder problems, special studies are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: "Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield". If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated". Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: "Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)." Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) "Failure to progress in a strengthening program intended to avoid surgery". Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). A review of the injured workers medical records do not reveal that the injured worker meets the guideline criteria for imaging of the shoulder, therefore the request for MRI Left Shoulder is not medically necessary.

MRI Left Wrist Qty 1: 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), Online, Indications for imaging MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. A number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended. If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. However, from a review of the injured workers medical records that are available to me, it is not clear if the injured worker has had an MRI of his wrist in the past and the results if any, the clinical rationale for an MRI at this time is also not clear as there are no red flag conditions, without this information it is not possible to establish medical necessity, therefore the request for MRI Left Wrist is not medically necessary.

MRI Right Knee Qty 1: 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), Online, Indications for imaging MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, unless there is acute trauma, red flags or surgical considerations all of which are currently absent in the injured worker, therefore the request for MRI Right Knee is not medically necessary.

MRI Left Knee: 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), Online, Indications for imaging MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, unless there is acute trauma, red flags or surgical considerations all of which are currently absent in the injured worker, therefore the request for MRI left Knee is not medically necessary.

Formal Sleep Study Qty 1: 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), Online, criteria for polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Polysomnograph.

Decision rationale: The MTUS did not specifically address the use of sleep studies, therefore other guidelines were consulted. Per the ODG, "polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option". However, a review of the injured workers medical records did not reveal that the injured worker meets the above referenced criteria for a sleep study at this time, therefore the request for Formal Sleep Study is not medically necessary.