

Case Number:	CM15-0165437		
Date Assigned:	09/02/2015	Date of Injury:	06/10/2015
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

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 37 year old male, who sustained an industrial injury on June 10, 2015. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic spine sprain and strain, lumbar spine sprain and strain with radiculopathy and rule out disc bulges, cervical spine sprain and strain with radiculopathy and rule out disc bulges, bilateral shoulder sprain and strain with rule out rotator cuff tear, cephalgia, and sleeping disorder. Treatment and diagnostic studies to date has included chiropractic therapy and physiotherapy. In a progress note dated July 15, 2015 the treating physician reports constant, frequent, severe to moderate pain and soreness to the mid back, constant, frequent, moderate radiating low back pain, frequent, moderate radiating pain to the neck, frequent, moderate to severe radiating pain and weakness to the bilateral shoulders, and complaints of headaches and sleeplessness. Examination reveals moderate to severe tenderness to the thoracic spine, hypertonic paraspinal muscles, positive Kemp's testing, tenderness to the lumbar spine, decreased range of motion to the lumbar spine, moderate tenderness to the cervical spine, decreased range of motion to the cervical spine, decreased strength to the bilateral shoulders, tenderness to the bilateral shoulders, decreased range of motion to the bilateral shoulders, positive Apley's Scratch testing, and positive apprehension testing. The treating physician noted slight improvement in pain and range of motion secondary to chiropractic therapy, therapeutic exercises, and physiotherapy. The treating physician requested eight sessions of acupuncture on a trial basis at two times a week for two week. If the injured worker has improvement with the first four sessions, the injured worker will

continue for a total of eight sessions. The treating physician also requested magnetic resonance imaging of bilateral shoulders, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the lumbar spine because of the injured worker's continued radiating pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. The original reviewer modified the request from 8 sessions to 6 sessions in accordance with the MTUS guidelines. Acupuncture 8 visits is not medically necessary.

MRI of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI of bilateral shoulders is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program

intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of the cervical spine is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of lumbar spine is not medically necessary.