MAXIMUS Federal Services

| Case Number: | CM15-0181335 | | |
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| Date Assigned: | 09/22/2015 | Date of Injury: | 12/22/2010 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

## 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: Connecticut, California, Virginia
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 54-year-old female who sustained an industrial injury 12-22-10. A review of the medical records reveals the injured worker is undergoing treatment for musculoligamentous strain of the cervical and lumbar spines, impingement syndrome of the bilateral shoulders, internal derangement of the right knee, headaches, anxiety, depression, and supraclavicular adenopathy. Medical records (07-20-15) reveal the injured worker complains of pain in the neck, shoulder blades, bilateral shoulders, low back and right knee, as well as headaches, anxiety, depression and a sleep disorder. There is no rating of the injured worker's pain. The physical exam (07-20-15) reveals diminished range of motion of the lumbar and cervical spines as well as muscle spasms and tenderness. The exam of the bilateral shoulders reveals tenderness in the acromioclavicular joints and left elbow. She has not worked since 2011. Prior treatment includes physical therapy, medications, and a psychological evaluation.
The treating provider reports x-rays of the cervical spine reveal reversal of the normal curvature with degenerative discs at multiple levels. The x -rays of the lumbar spine shows reversal of the normal curvature. X-rays of the bilateral shoulders revealed hypertrophic changes and a downsloping Type II acromion. The original utilization review (08-13-15) non-certified the request for a MRI of the bilateral shoulders, 12 sessions of acupuncture, and x-rays of the bilateral shoulders, lumbar and cervical spines, and right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the 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 ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four to six-week period of conservative management fails to improve symptoms. The provided documents indicate that prior MRIs have been obtained in this case, and the recent records lack evidence of clinical changes or concern for development of new objective findings that clearly warrant MRI or could indicate a need for surgery. Therefore, the request for MRIs of the bilateral shoulders is not medically necessary at this time.

**Twelve sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. In this case utilization review has modified the request to 6 treatments to allow for provision of objective evidence of functional improvement prior to consideration of additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records, the modification appears reasonable and therefore the request for 12 treatments with acupuncture prior to re-evaluation is considered medically unnecessary.

**X-ray of the bilateral shoulders, lumbar spine, cervical spine and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004.

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

**Decision rationale:** Per the guidelines, in the absence of red flags, x-rays are not indicated. Based on the provided records, while the patient’s low back exam is not completely normal, there is no indication for concern warranting plain films to rule out specific pathology at this time (indications would include evidence of acute trauma or concern for cancer, etc.). In this case, based on the provided documents and lack of evidence to support acute need for plain films in a patient with previous imaging studies, the request for x-rays cannot be considered medically necessary.