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| Case Number: | CM15-0188518 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 01/25/2007 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: 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 61 year old female, who sustained an industrial injury on 1-25-2007. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for lumbar spine musculoligamentous sprain and strain, left shoulder strain and impingement, right shoulder myofascial sprain, and fibromyalgia. On 8-26-2015, the injured worker reported ongoing cervical spine and low back pain, which were unchanged since the last visit. The low back pain was described as moderate to severe, constant, dull, cramping, burning, numbness, weakness, ache, and soreness. He reported ongoing right shoulder and elbow pain with increased symptoms. The pain was described as mild to moderate, frequent, constant, sharp, and cramping, burning. His low back pain was 10 out of 10 and the right shoulder and elbow pain was 7-8 out of 10. The physical exam (8-26-2015) revealed decreased lumbar range of motion, lumbosacral paravertebral and lumbosacral junction muscle spasms, positive bilateral straight leg raise, and decreased sensation at the left L5-S1 (lumbar 5-sacral 1). There was decreased range of motion of the cervical spine. There was positive impingement of the right shoulder and full range of motion of the right elbow. On 4-14-2014, an MRI of the lumbar spine revealed non-specific straightening of the normal lumbar lordosis and spondylotic changes. At L1-2 (lumbar 1-2), there was a 5-6 millimeter central disc protrusion with focal disc extrusion traveling 16 millimeter in a cranial direction. There was a posterior annular tear. At L2-3 (lumbar 2-3), there was a posterior annular tear and a 4 millimeter central disc protrusion resulting in mild canal stenosis. At L3-4 (lumbar 3-4), there was a 4-5 millimeter right paracentral disc protrusion resulting in a mild left neural foraminal

narrowing. Left nerve root compromise was seen. At L4-5 (lumbar 4-5), there was a posterior annular tear and a 3-4 millimeter posterior disc bulge resulting in mild canal stenosis. At L5-S1, there was a 1-2 millimeter posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Per the treating physician (8-19-2015 report), the electrodiagnostic studies from 10-11-2012, revealed right upper extremity distal peripheral neuropathy. Surgeries to date have included anterior cervical interbody fusion at C4-5 (cervical 4-5) and C5-6 (cervical 5-6) on 9-8-2014. Treatment has included physical therapy, chiropractic therapy, lumbar epidural steroid injections, off work, and medications including pain, anti-epilepsy (Neurontin), antidepressant, and antianxiety (Ativan). Per the treating physician (8-26-2015 report), the injured worker was temporarily totally disabled. On 8-26-2015, the requested treatments included a lumbar spine surgery consultation, a diagnostic ultrasound of right shoulder, and a diagnostic ultrasound of right elbow. On 9-4-2015, the original utilization review non-certified requests for a lumbar spine surgery consultation, a diagnostic ultrasound of right shoulder, and a diagnostic ultrasound of right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgery consultation, quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues and a history of chronic issues. It may be reasonable to seek consultation from an orthopedic spine surgeon, and further workup is indicated, specifically with respect to clinical correlation of radiculopathy and imaging abnormalities. In the opinion of this reviewer, the request for orthopedic spine consultation may be warranted, however, further evidence to support the consult is indicated, and therefore the request at this time can not be considered medically necessary.

Diagnostic ultrasound of right shoulder, quantity: 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, diagnostic ultrasound.

Decision rationale: The MTUS does not discuss the use of diagnostic ultrasound in the shoulder, and therefore the ODG provides the preferred mechanism for assessing clinical necessity in this case. According to the guidelines, diagnostic ultrasound may be used to rule out the presence of a rotator cuff tear, and either MRI or ultrasound could equally be used for

detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. Overall in this case, consideration of diagnostic ultrasound in the shoulder is reasonable, and therefore the request is considered medically necessary.

Diagnostic ultrasound of right elbow, quantity: 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), Elbow (Acute & Chronic): Ultrasound, diagnostic (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow, diagnostic ultrasound.

Decision rationale: The MTUS does not discuss the use of diagnostic ultrasound in the elbow, and therefore the ODG provides the preferred mechanism for assessing clinical necessity in this case. According to the guidelines, while computed tomography (CT) and ultrasound (US) may be used for specific indications in the elbow, magnetic resonance imaging should be used to display most abnormalities in the elbow. Indications for diagnostic ultrasound include chronic elbow pain, suspect nerve entrapment or mass, and plain films non-diagnostic, along with suspect biceps tendon tear and/or bursitis. Overall, a great deal of expertise is required to ensure a proper study of clinical value, and alternate imaging is likely to be of more value in this case. Therefore, the request is not considered medically necessary.