

Case Number:	CM15-0199784		
Date Assigned:	10/19/2015	Date of Injury:	01/26/2012
Decision Date:	12/28/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial injury on 1-26-12. The injured worker is diagnosed with cervical, thoracic and lumbar spine disc bulges, bilateral shoulder strain, bilateral elbow strain and bilateral hand-wrist strain. Her work status is modified duty. Notes dated 5-26-15 and 9-8-15 reveals the injured worker presented with complaints of neck, upper and lower back, bilateral shoulders, bilateral elbows and bilateral hand and wrist pain. Physical examinations dated 5-26-15 and 9-8-15 revealed right mid anterior thigh, lateral calf and lateral ankle are intact to light touch sensation. Treatment to date has included chiropractic care. Diagnostic studies include x-rays. A request for authorization dated 9-8-15 for cervical spine, bilateral shoulders, right elbow, bilateral wrists, bilateral hands, chiropractic therapy 3 x 6 for the cervical, thoracic and lumbar spine and bilateral shoulders, psyche follow up, sleep study and neurology consultation is non-certified, per Utilization Review letter dated 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Physical Examination, Follow-up Visits.

Decision rationale: The provider who requested the cervical images documented the absence of neurologic findings - including muscle weakness or neuropathy. The IW has had ongoing pain in the cervical region since 2012. Documentation supports the IW has cervical spine radiographs in May 2015 following a motor vehicle collision. According to CA MTUS guidelines, imaging of the cervical spine is not indicated unless symptoms extend beyond 3-4 weeks of conservative care. The exception is for red flag conditions such as evidence of neurologic dysfunction, failure to progress in a strengthening program, or for anatomy clarification. The records do not support any new or different neurologic findings or support any of these guidelines. Without this supporting documentation, the request for cervical radiography is not medically necessary.

X-ray of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Initial Care.

Decision rationale: The IW had a motor vehicle collision in May 2015 and documentation supports the IW had imaging of the bilateral shoulders. The IW reports ongoing pain. The documentation does not support new trauma since this collision. It is not unreasonable for ongoing pain to this region, but it is not clear from the records reason for increased pain or bilateral nature of shoulder pain. Physical exam did not identify any abnormalities. There were no red flag conditions as outlined by referenced guidelines. Without documentation to support recent trauma or red flag conditions, the request for bilateral shoulder x-rays is not medically necessary.

X-ray of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Follow-up Visits.

Decision rationale: The IW had a motor vehicle collision in May 2015 and documentation supports the IW had imaging of the bilateral shoulders. The IW reports ongoing pain. The documentation does not support new trauma since this collision. It is not unreasonable for ongoing pain to this region, but it is not clear from the records reason for increased pain or bilateral nature of shoulder pain. Physical exam did not identify any abnormalities. There were no red flag conditions as outlined by referenced guidelines. Without documentation to

support recent trauma or red flag conditions, the request for bilateral shoulder x-rays is not medically necessary.

X-ray of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria.

Decision rationale: The IW had a motor vehicle collision in May 2015 and documentation supports the IW did not have any new injury or pain to the elbows. The IW reports ongoing pain in the elbows for several years. It is unclear from the submitted records if the IW previously had imaging of the elbows. The documentation does not support any known trauma to the elbows. It is not clear from the records reason for increased pain or bilateral nature of elbow pain. Physical exam did not include a detailed examination of the upper extremities. A thorough neurologic examination is noted included in the records. There were no red flag conditions as outlined by referenced guidelines. Guidelines support obtaining radiographic imaging for non-specific pain. It is unclear from the submitted documentation if the IW has previously had imaging studies over the 3 year history of this pain complaint. Without documentation to support recent trauma or red flag conditions, a thorough physical exam or differential diagnoses, the request for right elbow x-rays is not medically necessary.

X-ray of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria.

Decision rationale: The IW had a motor vehicle collision in May 2015 and documentation supports the IW did not have any new injury or pain to the wrists or hands. The IW reports ongoing pain in the wrist and hands for several years. It is unclear from the submitted records if the IW previously had imaging of the wrists or hands. The documentation does not support any known trauma to the hands. It is not clear from the records reason for increased pain or bilateral nature of wrist pain. Physical exam did not include a detailed examination of the upper extremities. A thorough neurologic examination is not included in the records. There were no red flag conditions as outlined by referenced guidelines. Guidelines support obtaining radiographic imaging for non-specific pain. It is unclear from the submitted documentation if the IW has previously had imaging studies over the 3 year history of this pain complaint. Without documentation to support recent trauma or red flag conditions, a thorough physical exam or differential diagnoses, the request for right wrist x-rays is not medically necessary.

X-ray of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Initial Care.

Decision rationale: The IW had a motor vehicle collision in May 2015 and documentation supports the IW did not have any new injury or pain to the wrists or hands. The IW reports ongoing pain in the wrist and hands for several years. It is unclear from the submitted records if the IW previously had imaging of the wrists or hands. The documentation does not support any known trauma to the hands. It is not clear from the records reason for increased pain or bilateral nature of wrist pain. Physical exam did not include a detailed examination of the upper extremities. A thorough neurologic examination is not included in the records. There were no red flag conditions as outlined by referenced guidelines. Guidelines support obtaining radiographic imaging for non-specific pain. It is unclear from the submitted documentation if the IW has previously had imaging studies over the 3 year history of this pain complaint. Without documentation to support recent trauma or red flag conditions, a thorough physical exam or differential diagnoses, the request for left wrist x-rays is not medically necessary.

X-ray of the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria.

Decision rationale: The IW had a motor vehicle collision in May 2015 and documentation supports the IW did not have any new injury or pain to the wrists or hands. The IW reports ongoing pain in the wrist and hands for several years. It is unclear from the submitted records if the IW previously had imaging of the wrists or hands. The documentation does not support any known trauma to the hands. It is not clear from the records reason for increased pain or bilateral nature of wrist pain. Physical exam did not include a detailed examination of the upper extremities. A thorough neurologic examination is not included in the records. There were no red flag conditions as outlined by referenced guidelines. Guidelines support obtaining radiographic imaging for non-specific pain. It is unclear from the submitted documentation if the IW has previously had imaging studies over the 3 year history of this pain complaint. Without documentation to support recent trauma or red flag conditions, a thorough physical exam or differential diagnoses, the request for right hand x-rays is not medically necessary.

X-ray of the left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Initial Care.

Decision rationale: The IW had a motor vehicle collision in May 2015 and documentation supports the IW did not have any new injury or pain to the wrists or hands. The IW reports ongoing pain in the wrist and hands for several years. It is unclear from the submitted records if the IW previously had imaging of the wrists or hands. The documentation does not support any known trauma to the hands. It is not clear from the records reason for increased pain or bilateral nature of wrist pain. Physical exam did not include a detailed examination of the upper extremities. A thorough neurologic examination is not included in the records. There were no red flag conditions as outlined by referenced guidelines. Guidelines support obtaining radiographic imaging for non-specific pain. It is unclear from the submitted documentation if the IW has previously had imaging studies over the 3 year history of this pain complaint. Without documentation to support recent trauma or red flag conditions, a thorough physical exam or differential diagnoses, the request for left hand x-rays is not medically necessary.

Chiropractic therapy 3 x 6 for the cervical spine, thoracic spine, lumbar spine, right and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. The IW has been undergoing chiropractic treatments, but documentation does not clearly discuss the number of other visits or any measure of functional improvement resulting from these treatments. Guidelines do not recommend maintenance care. Rather, guidelines support fading of treatment frequency along with active self-directed home PT. There is no mention of a home therapy program in the records. The request for chiropractic treatments exceeds the recommended 6 first time sessions and if ongoing, maintenance therapy 18 visits are excessive. The request is not medically necessary.

Psyche follow-up: 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) Mental Illness & Stress: Office Visits.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns,

signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss any signs, symptoms, or differential diagnosis to support the request for a follow-up psyche visit. Documentation of an initial consultation, treatment interventions, mental health diagnoses or ongoing symptoms are not included for review. Without supporting documentation, the request for a psyche follow-up consultation is not medically necessary.

Sleep study follow-up: 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) Pain: Office Visit.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss signs, symptoms, or differential diagnosis to support the request for a sleep study follow-up visit. There is no documentation of sleep studies, sleep modification techniques, medications or equipment used in the aid of sleep. Without supporting documentation, the request for a sleep study follow-up consultation is not medically necessary.

Neurology consultation: 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 Pain Chapter: Office Visit.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a neurology consultation. There are no complete neurologic examinations documented in the record. There is no discussion of new signs or symptoms to support the request for a neurology consultation. Finally, the requesting provider did not include a differential diagnoses supporting the need for a neurology consultation. Without supporting documentation, the request for a neurology consultation is not medically necessary.