

Case Number:	CM15-0199794		
Date Assigned:	10/15/2015	Date of Injury:	04/23/2014
Decision Date:	12/21/2015	UR Denial Date:	09/21/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial injury on 4-23-14. The injured worker was diagnosed as having cervical sprain-strain; lumbar sprain-strain; bilateral shoulder sprain-strain, impingement; status post right carpal tunnel release (3-11-15). Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-31-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of cervical spine pain that radiates to the bilateral upper extremities. There are increased symptoms with prolonged positioning with numbness and tingling. No diagnostics studies have been done. She is attending acupuncture with 7 of 8 visits completed. The provider documents "pain levels at 5-8 out of 10" and described as "ache and soreness". The injured worker complains of lumbar spine pain that radiates to the bilateral lower extremities with numbness and tingling. It is notes as difficult with prolonged sitting, standing, bend, lifting. She also has bilateral sacroiliac joint pain. No diagnostic studies have been done. The provider documents "pain levels 7-8 out of 10" described as "weakness, ache, and soreness". She also complains of bilateral shoulder pain that is positive for weakness especially with labor, motion, forceful motion. He notes she has only had therapy and no diagnostic study. He notes a check off sheet for her physical examination. He notes the injured worker wants diagnostic studies for treatment options. He notes she is a status post right carpal tunnel release on 3-11-15. His treatment plan includes a trial for spica brace (right), left wrist brace (carpal tunnel) and home Thermophore. He is also requesting diagnostic studies for cervical and lumbar spine and bilateral shoulders. A PR-2 note dated 4-3-15 documents same to

similar complaints. A Request for Authorization is dated 10-12-15. A Utilization Review letter is dated 9-21-15 and non-certification for MRI of the cervical spine; MRI of the lumbar spine; Ultrasound bilateral shoulders; Left wrist brace and Thumb spica brace. A request for authorization has been received for MRI of the cervical spine; MRI of the lumbar spine; Ultrasound bilateral shoulders; Left wrist brace and Thumb spica brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

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

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no current legible documentation of any specific neurologic deficits suggestive of radiculopathy. In the absence of clarity regarding the above issues, the requested cervical MRI is not medically necessary.

MRI of the lumbar spine: Upheld

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

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

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state 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 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. Within the documentation available for review, while there is a notation of radiating pain with numbness and tingling, there is no legible identification of specific neurologic deficits suggestive of radiculopathy. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Ultrasound bilateral shoulders: 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), Shoulder Chapter, Ultrasound, diagnostic.

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

Decision rationale: Regarding the request for ultrasound studies of the bilateral shoulders, California MTUS cites that ultrasonography for evaluation of rotator cuff is not recommended. Within the documentation available for review, there is no documentation of subjective/objective findings consistent with a condition/diagnosis for which ultrasound is supported given the lack of support for its use in the evaluation of the rotator cuff. In the absence of such documentation, the currently requested ultrasound studies of the bilateral shoulders is not medically necessary.

Left wrist brace: 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), Forearm, Wrist and Hand Chapter, Splint section.

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

Decision rationale: Regarding the request for a brace for the wrist, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions. Within the documentation available for review, there is no current documentation of any clinical findings of the wrist/hand for which bracing would be supported. In the absence of such documentation, the currently requested wrist brace is not medically necessary.

Thumb spica brace: 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), Forearm, Wrist and Hand Chapter, Splint section.

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

Decision rationale: Regarding the request for a thumb spica brace, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions. Within the documentation available for review, while there is a history of carpal tunnel release on the right, there is no current documentation of any clinical findings of the wrist/hand for which bracing would be supported. In the absence of such documentation, the currently requested thumb spica brace is not medically necessary.