

Case Number:	CM15-0051954		
Date Assigned:	03/25/2015	Date of Injury:	06/18/2010
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 51-year-old female who has reported neck and upper extremity symptoms after an injury on 6/18/10 as well as periods of cumulative trauma. The diagnoses include cervical spine disc bulge, cervical spine radiculopathy, cervical spine sprain/strain, left and right shoulder impingement and sprain, left and right elbow sprain/strain and left hand, thumb, chronic ulnar collateral ligament (UCL) sprain with instability. Treatment to date has included physical therapy, and medications. Reports from a physical therapy facility in 2014-2015 show 17 visits that include both acupuncture and physical therapy. On 1/7/15, the injured worker was evaluated by a new treating physician. The initial treatment included x-rays, medications, physical therapy, acupuncture, and periods of rest. She stopped work in November 2014. The acupuncture course was ongoing, with 3 sessions remaining. Current symptoms included neck pain radiating to the trapezius, regional pain which included the shoulders, neck, upper back, and arms; elbow pain which radiates proximally and distally, and rare hand and wrist pain associated with weakness. Low back pain was intermittent, with radiation to the buttocks and hips. Knee pain was constant and radiated to the thigh. The blood pressure was elevated. The neck was tender. Left C5 hypesthesia was present. The shoulders were tender with positive Neer and Hawkins tests. There was no elbow joint tenderness. The left thumb carpometacarpal (CMC) joint was tender and unstable. The low back was tender. Non-specific hypesthesia was present in both lower extremities. X-ray studies of the symptomatic areas were performed at this office visit. A cervical MRI was prescribed for nerve root impingement. Acupuncture was prescribed for the neck and shoulders. The work status was temporarily totally disabled. As of 2/18/15 and

3/25/15, there was ongoing multifocal pain, with no new orthopedic findings. The blood pressure was high. Acupuncture was pending. Work status was temporarily totally disabled. Flector was prescribed. On 2/19/15, Utilization Review certified Ultracet, shoulder x-rays, and knee x-rays. MRI of the cervical spine, acupuncture, and x-rays of the neck, elbows, wrists, hands, and lumbar spine were non-certified. The Utilization Review was in response to an office visit of 1/7/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any significant neurological deficits or other signs of significant pathology. The sensory deficit described is not a sufficient deficit to qualify as a red flag condition. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of failed conservative care prior to prescribing an imaging study. The MRI is not medically necessary based on the recommendations in the MTUS.

Acupuncture 1 time a week for 6 weeks for the cervical spine and shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement." Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. Medical necessity for any further acupuncture is considered in light of "functional improvement". The treating physician noted the prior acupuncture visits, but did not provide evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, or a decreasing

dependency on medical care. The injured worker was placed on "temporarily totally disabled" status, which represents a profound degree of disability. This implies a failure of all treatment, including acupuncture. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS.

Retrospective cervical x-rays (2v): 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any significant neurological deficits or other signs of significant pathology. The sensory deficit described is not a sufficient deficit to qualify as a red flag condition. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of failed conservative care prior to prescribing an imaging study. The x-ray study is not medically necessary based on the recommendations in the MTUS.

Retrospective elbows x-ray (2v): 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-TWC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 4-14, 33, 35.

Decision rationale: The updated ACOEM Guidelines for the Elbow, Page 33, recommend imaging studies after at least 4 weeks of conservative care without improvement. In general, patients do not require imaging studies unless there is lack of improvement and there is sufficient evidence of a possible surgical lesion. No reports adequately address the specific signs and symptoms relevant to a significant elbow condition. Note the ACOEM recommendations for elbow evaluation per the citation above. A sufficient evaluation was not performed. In this case, there is non-specific pain, no tenderness, and no clear likelihood of a surgical lesion. This injured worker has not completed, and failed, an adequate course of conservative care as outlined in the MTUS. Radiographs of the elbow are not medically necessary based on the MTUS.

Retrospective wrists and hands x-rays (2v): 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269,254-258.

Decision rationale: The ACOEM Guidelines pages 254-258 list the criteria for examining the hand and wrist. The necessary components of the examination are not present. The specific historical details of any wrist symptoms are not described sufficiently. Per Page 268-269 of the ACOEM Guidelines, special studies are not needed until after a 4-week period of conservative care. Common tests are listed, with indications. Specific care for the wrist was not described adequately. The treating physician has not provided sufficient indications for any imaging test. The wrist MRIs are not medically necessary based on the lack of sufficient indications and the cited guidelines.

Retrospective lumbar spine x-ray (3v): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays).

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. The treating physician has not provided specific indications for performing these x-ray studies. The treating physician did not provide evidence of an adequate, and failed, course of conservative care prior to ordering imaging studies. Imaging of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for x-ray studies. The x-ray studies of the lumbar spine are not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.