

Case Number:	CM15-0054972		
Date Assigned:	05/12/2015	Date of Injury:	11/27/2013
Decision Date:	09/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on November 27, 2013. She reported neck pain, mid and low back pain, right and left shoulder pain and left knee pain with associated headaches and insomnia. The injured worker was diagnosed as having Arnold-Chiari syndrome, type II Chiari malformation, bilateral knee pain, thoracic spine strain, lumbar spine disc rupture and right shoulder strain. Treatment to date has included diagnostic studies, radiographic imaging, multiple conservative therapies, physical therapy, acupuncture, steroid injections, medications and work restrictions. Currently, the injured worker complains of neck pain, mid and low back pain, right, left shoulder pain, and left knee pain with associated headaches and insomnia after falling on the right side of the body while walking outside her work. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Electrodiagnostic studies of the bilateral upper and lower extremities revealed evidence of mild right sided lumbar radiculopathy. Magnetic resonance imaging of the lumbar spine in 2014 revealed multi-level disc bulges, facet narrowing and facet arthrosis. Evaluation on August 5, 2014, revealed continued pain with associated symptoms. Evaluation on February 12, 2015, revealed continued pain as noted. Acupuncture therapy, pain consultation, pain management follow up, initial orthopedic evaluation on the left knee and shoulder and orthopedic follow up were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Radiography section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to the CA MTUS ACOEM, shoulder plain films can be considered when there are red flags noted on clinical examination that would support X-rays for further evaluation. On examination 03/2015 the injured worker had negative impingement signs, only mildly reduced range of motion that was comparable to the right shoulder, and no gross instability. The request is not medically necessary and has yet to be established.

X-Ray of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Radiography section, Indications for imaging - X-Rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to the CA MTUS ACOEM, knee plain films can be considered when there are red flags noted on clinical examination that would support X-rays for further evaluation. On examination 03/2015 the injured worker had mild tenderness and Crepitation with no mention of ligamentous instability, and no positive testing to include Lachman and/or McMurray. There was no mention of soft tissue swelling. There were no red flags noted that would warrant non-adherence to guidelines. As such, this request is non-certified and not medically necessary.

Initial Neurology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, regarding referrals and Official Disability Guidelines, Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6, page 163.

Decision rationale: CA MTUS ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. A consultant is

usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. There is no clear rationale as to why a neurological consultation is necessary at this time. There is known Arnold-Chiari Malformation, but without further clarification as to what specific question or issues the Neurologist would address, this request cannot be certified. Without this supporting documentation, at this time, this request is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter / Polysomnography.

Decision rationale: The ODG Guidelines state sleep studies are recommended for a combination of indications such as excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, insomnia complaints for 6 months duration, unresponsiveness to behavioral interventions, sedative/sleep promoting medications, and psychiatric etiology exclusion. There is no information within the submitted documentation that would warrant sleep study consideration, at this time. This request is not medically necessary.

Initial Orthopedic Consultation, Left Knee, Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, regarding referrals and Official Disability Guidelines, Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6, page 163.

Decision rationale: CA MTUS ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. At this time, it is unclear why an orthopedic specialist is indicated. The injured worker appears to have normal strength, with only slight tenderness to palpation and mild crepitation (knee) on 03/2015 physical exam. Special tests for the knee and shoulder on the left have been negative. Further supporting documentation is necessary, but at this time the request is not medically necessary and has yet to be established.

Acupuncture two times a week for six weeks for the Cervical Spine, Thoracic Spine, Lumbar Spine, and Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. The requested treatment duration exceeds guideline recommendations for an initial trial of 6-visits and as such, the request is not medically necessary and cannot be supported at this time.