

<b>Case Number:</b>	CM15-0057867		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 66 year old male with an industrial injury dated 01/18/2008. The mechanism of injury was not provided. His diagnoses includes cervical spine disc bulges, lumbar spine disc bulges with radiculopathy, left carpal tunnel syndrome, possible right and left shoulder internal derangement and right wrist surgery. Prior treatments included neurology, internal medicine, psyche and pain medicine consults and manual therapy. He presents on 02/18/2015 with complaints of neck, lower back, right and left shoulder, right and left wrist and hand pain and pain in right middle finger. Physical exam revealed diminished sensation in right lateral shoulder, right thumb tip, right long tip, and right small tip. Treatment plan included medication, shockwave treatments, chiropractic treatment, diagnostics (MRI), neurology, pain medication and psyche follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI head:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, MRI (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines indicate an MRI of the head is recommended to determine neurologic deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness or define acute evidence of changes superimposed on previous trauma or disease. There was a lack of documented rationale for the request. The documentation failed to meet the above criteria. Given the above, the request for MRI head is not medically necessary.

### **Shockwave therapy 1 x 3: 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 Other Medical Treatment Guideline or Medical Evidence: Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8.

**Decision rationale:** Per Wang, Ching-Jen (2012), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc". A generic guideline was applied as there was a lack of documentation indicating the specific body part to be treated. There were no exceptional factors noted. Given the above, the request for shockwave therapy 1 x 3 is not medically necessary.

### **Lumbar spine, Cervical spine Chiro 1 x 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be

indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. There was a lack of documentation indicating the injured worker had an improvement in function, decreased pain and improvement in quality of life from prior therapy. Given the above, the request for lumbar spine, cervical spine chiro 1 x 6 is not medically necessary.

**Pain medicine 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 Chapter, Office Visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to provide a current clinical evaluation to support the necessity for multiple physicians' follow-up office visits. There were no subjective or objective findings to support the necessity for follow-up visits. Given the above and the lack of documented rationale, the request for pain medicine follow-up 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 chapter, office visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to provide a current clinical evaluation to support the necessity for multiple physicians' follow-up office visits. There were no subjective or objective findings to support the necessity for follow-up visits. Given the above and the lack of documented rationale, the request for psyche follow-up is not medically necessary.

**Internal medicine 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 Chapter, Office visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to provide a current clinical evaluation to support the necessity for multiple physicians' follow-up office visits. There were no subjective or objective findings to support the necessity for follow-up visits. Given the above and the lack of documented rationale, the request for internal medicine follow up is not medically necessary.

**Neurology 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) Head Chapter, Office Visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to provide a current clinical evaluation to support the necessity for multiple physicians' follow-up office visits. There were no subjective or objective findings to support the necessity for follow-up visits. Given the above and the lack of documented rationale, the request for neurology follow-up is not medically necessary.

**Neuropsychological testing:** 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) Head Chapter, Neuropsychological testing.

**Decision rationale:** The Official Disability Guidelines indicate that neuropsychological testing is recommended for severe traumatic brain injury but not for concussions unless symptoms persist beyond 30 days. There was a lack of documented rationale for the requested testing. The specific testing being requested was not provided. Given the above, the request for neuropsychological testing is not medically necessary.