

<b>Case Number:</b>	CM15-0081367		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/03/1998
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 9/3/1998. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical degenerative disc disease, thoracic spine pain, lumbar degenerative disc disease, bilateral knee pain and status post bilateral wrist surgery. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, chiropractic care and medication management. In a progress note dated 3/25/2015, the injured worker complains of constant low back pain and bilateral wrist pain. The treating physician is requesting 3 sessions of shock wave therapy, bilateral wrist braces with thumb support and internal medicine follow up.

### 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 ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of the cervical spine is not medically necessary.

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. There is no documentation of any of the above criteria supporting a recommendation of a thoracic MRI. MRI of the thoracic spine is not medically necessary.

**X-rays of the cervical, thoracic, lumbar spine, pelvis, right & left shoulder, right & left wrist, right & left hand, right & left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 309.

**Decision rationale:** According to the MTUS, special studies such as an x-ray are not needed unless a red-flag condition is present. Physical exam failed to reveal any evidence of joint effusion, swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration. The findings documented on the chart note failed to meet the minimum criteria for x-ray imaging. X-rays of the cervical, thoracic, lumbar spine, pelvis, right & left shoulder, right & left wrist, right & left hand, right & left knee are not medically necessary.

**Cervical epidural injection at C5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. Cervical epidural injection at C5-6 is not medically necessary.

**Shockwave therapy 1 x 3 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in pain reduction and function improvement. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Shockwave therapy 1 x 3 for the lumbar spine is not medically necessary.

**Right & left wrist braces with thumb support:** 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) Forearm, Wrist, & Hand (Acute & Chronic), Splints.

**Decision rationale:** The Official Disability Guidelines recommend splinting for treating displaced fractures, mallet finger, and rheumatoid arthritis. There was generally a positive effect of splint use on hand function; however, perceived splint benefit was marginal. Data suggest that splinting is most effective if applied within three months of symptom onset. Based on the patient's stated date of injury, the acute phase of the injury has passed. Right & left wrist braces with thumb support is not medically necessary.

**Internal medicine follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. There is no documentation as to why such frequent visits for follow-up would be required. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Internal medicine follow-up is not medically necessary.