MAXIMUS Federal Services

Case Number:	CM15-0086791		
Date Assigned:	05/14/2015	Date of Injury:	10/01/2014
Decision Date:	09/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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 47 year old female, who sustained an industrial/work injury on 10/1/14. She reported initial complaints of back, shoulder, and upper extremity pain. The injured worker was diagnosed as having cumulative trauma with herniated nucleus pulposus, bilateral shoulder. Currently, the injured worker complains of mid back, low back, both shoulders, neck, both elbows, both wrists pain. There was radiation into both upper extremities and right lower extremity with weakness in both upper extremities. Per the primary physician's progress report (PR-2) on 3/11/15, examination revealed positive foraminal compression, Jackson's shoulder depression, straight leg raise on the right, Kemp's, Faber's, cross arm, Apley, Neer, Hawkin's shoulder apprehension, Cozen, Mills, Golfers, Phalen's, Finkelstein tests/maneuvers. There is decreased sensation at right C6, C7, L5, S1 dermatomes, and painful motion to the cervical, lumbar, bilateral shoulder, bilateral elbows, and bilateral wrist strain. Current plan of care included diagnostics. The requested treatments include Physical therapy for the bilateral shoulders, elbows and wrists, Twelve chiropractic sessions, Twelve acupuncture sessions, X-ray of the cervical spine, X-ray of the bilateral shoulders, X-ray of the bilateral elbows, X-ray of the bilateral wrists, X-ray of the thoracic spine, X-ray of the lumbar spine, MRI of the cervical spine, MRI of the bilateral shoulders, MRI of the bilateral elbows, MRI of the bilateral wrists, MRI of the thoracic spine, MRI of the lumbar spine, EMG of the left upper extremities, NCV of the left upper extremities, Functional capacity evaluation, Psych consultation, Internal medicine consultation, and Sleep consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral shoulders, elbows and wrists, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is not clear if this is a request for initial or additional (where physical therapy treatments provided to date may have already exceeded guidelines regarding frequency) physical therapy treatments. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Physical therapy for the bilateral shoulders, elbows and wrists, 12 sessions is not medically necessary.

Twelve chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. Twelve chiropractic sessions is not medically necessary.

Twelve acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine

efficacy. Twelve acupuncture sessions is not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-183.

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

Decision rationale: According to the MTUS, special studies such as a cervical x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. Cervical x-ray is not medically necessary.

X-ray of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 195-214.

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

Decision rationale: According to the MTUS, special studies such as a cervical x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. X-ray of the bilateral shoulders is not medically necessary.

X-ray of the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 573-606.

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), Radiography.

Decision rationale: The Official Disability Guidelines recommend an elbow x-ray for red flags or for trauma and suspected fracture or dislocation. An x-ray may also be indicated for chronic pain as the first study obtained and the patient was chronic pain with or without prior injury, or no specific area of pain specified. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. X-ray of the bilateral elbows is not medically necessary.

X-ray of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-273.

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), Radiography.

Decision rationale: The Official Disability Guidelines recommend a hand or wrist x-ray for red flags or for trauma and suspected fracture or dislocation. An x-ray may also be indicated for chronic wrist pain as the first study obtained and the patient was chronic pain with or without prior injury, or no specific area of pain specified. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. X-ray of the bilateral wrists is not medically necessary.

X-ray of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; Indications for imaging-Plain X-rays.

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

Decision rationale: The MTUS states that radiographs of the thoracic spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a thoracic x-ray is indicated. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. X-ray of the thoracic spine is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; Indications for imaging-Plain X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The MTUS states that radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a lumbar x-ray is indicated. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. X-ray of the lumbar spine is not medically necessary.

MRI of the cervical 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 (ODG), Neck and Upper Back Chapter; Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, and 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. Cervical MRI is not medically necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter; Indications for imagining-Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI of the bilateral shoulders is not medically necessary.

MRI of the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), MRI.

Decision rationale: The Official Disability Guidelines recommend an MRI of the elbow if plain films are nondiagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or

bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria which would warrant an MRI of the elbow. MRI of the bilateral elbows is not medically necessary.

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Chapter, MRI's.

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), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines recommend an MRI of the wrist or indications following trauma, suspected fracture, tumor, and suspected Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Documentation in the medical record does not support an MRI of the wrist based on the above criteria. MRI of the bilateral wrists is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; Indications for imaging-Magnetic resonance imaging.

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.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; Indications for imaging-Magnetic resonance imaging.

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

Decision rationale: The MTUS states 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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.