

Case Number:	CM15-0088353		
Date Assigned:	06/22/2015	Date of Injury:	09/25/2014
Decision Date:	07/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/07/2015

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, Indiana, New York
 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 48 year old male who sustained an industrial injury on September 25, 2014. He has reported lower back pain and has been diagnosed with repetitive strain injury, right shoulder joint pain, left shoulder joint pain, numbness of the skin, tendinitis of the left wrist, tendinitis of the right wrist, and chronic back pain. Treatment included medical imaging, medications, physical therapy, acupuncture, massage therapy, a TENS unit, and surgery. There was limited range of motion to the bilateral shoulders with tenderness to palpation of the superior and anterior. Bilateral wrist was limited with range of motion. There was tenderness to palpation to the wrist extensor. There was limited range of motion to the lumbar spine plus spasm and tenderness to palpation to bilateral paraspinal muscles. There was tenderness to palpation to the midline. The injured worker was too guarded to test bilateral straight leg raise. The treatment request included a MRI of bilateral wrists, bilateral shoulders, and an integrated pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of Right Wrist and Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the right and left wrist is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseus ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electro diagnostic studies. Electro diagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnoses are repetitive strain injury; right shoulder joint pain; left shoulder joint pain; tendinitis left wrist; tendinitis right wrist any: bilateral hearing loss; and chronic back pain greater than three months. Objectively, according to a progress note dated March 24, 2015, there was tenderness palpation over the wrist extensors with edema and limited range of motion. There were no specifics in the medical record regarding range of motion and what conservative measures were attempted for bilateral wrist pain. There were no plain radiographs of the wrist in the medical record. There is no documentation of a clinical suspicion of fracture. There are no red flags documented in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI of the right and left wrist is not medically necessary.

MRI (magnetic resonance imaging) of Right Wrist and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right and left shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are repetitive strain; right shoulder joint pain; left shoulder joint pain; tendinitis left wrist; tendinitis right wrist any: bilateral hearing loss; and chronic back pain greater than three months. Objectively, according to a March 24, 2015 progress note, range of motion is limited, impingement sign was positive and muscle strength with 4/5. There were no specifics regarding range of motion of the bilateral shoulders. There were no plain radiographs of the shoulder in the medical record. There were no red flags in the medical record regarding

the shoulders. There is no documentation of recent physical therapy to the right and left shoulders. Based on the clinical information about or record and peer-reviewed evidence-based guidelines, MRI right and left shoulder is not medically necessary.

Retro: Integrated Pain Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective integrated pain program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are repetitive strain; right shoulder joint pain; left shoulder joint pain; tendinitis left wrist; tendinitis right wrist any; bilateral hearing loss; and chronic back pain greater than three months. The documentation from a March 24, 2015 progress note addresses the lack of psychiatric consultation and evaluation. The treating provider states there seems to be a psychiatric component that plays a role that, in turn, contributes to the injured worker's pain. There has been no psychiatric evaluation documented in the medical record. On the new patient questionnaire, the injured worker checked off every body part as being in pain. The injured worker was eventually diagnosed with a spine Schwannoma with subsequent surgery. The injured worker underwent lumbar laminectomy with excision spinal cord tumor at L5 - S1 February 2010. In 2012, the injured worker had a subsequent work-related injury were a heavy door fell on him and has had ongoing chronic back pain. The guidelines state the criteria for functional restoration programs. The guidelines include previous methods of treating chronic pain have been unsuccessful and negative predictors of success. These include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. There has been no psychiatric evaluation to address chronic pain issues to date. Consequently, absent clinical documentation with psychiatric evaluation and treatment to address possible psychiatric concerns (addressed by the treating/requesting provider), retrospective integrated pain program is not medically necessary.