

<b>Case Number:</b>	CM14-0128439		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 who reported an injury on 01/18/2008. The mechanism of injury was a fall. His diagnoses include cervical spine disc bulges, lumbar spine disc bulges with radiculopathy, bilateral shoulder internal derangement, left carpal tunnel syndrome, status post right wrist surgery and status post right middle finger surgery. His past treatments were noted to include physical therapy, left knee surgery, use of wrist braces, right carpal tunnel and middle trigger finger release surgeries, and medications. On 07/09/2014, the injured worker presented with complaints of pain in his neck, lower back, bilateral shoulders, bilateral wrists/hands, and left knee. His physical examination was noted to reveal diminished sensation to light touch at the left mid anterior thigh, mid lateral calf, and lateral ankle. His current medications were not provided. The treatment plan included an MRI with gadolinium of the head; shockwave therapy times 6 to the cervical spine; neurology followup consult; psych followup; and pain management followup. The treatment plan associated with his 07/09/2014 visit indicated that the MRI and neurology followup were recommended due to headaches. The psychological followup was recommended for anxiety and depression. The pain management followup was recommended for chronic pain and medications and orthopedic followup was recommended for postoperative care of the right wrist, he was also recommended for a left wrist surgery for carpal tunnel release, and shockwave treatment for the cervical spine. However, a rationale for the shockwave treatment for the cervical spine was not provided. The formal Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI with Gadolinium of the head: 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, MRI (magnetic resonance imaging).

**Decision rationale:** According to the Official Disability Guidelines, an MRI of the head may be recommended to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. The clinical information submitted for review indicated that the injured worker was recommended for an MRI of the head and a neurology follow-up due to headaches. However, details regarding his headaches including the severity and description of symptoms and past treatments tried and failed were not indicated within the most recent clinical note. In the absence of the injured worker's current clinical presentation related to his headaches, the need for an MRI cannot be determined. In addition, the 07/09/2014 clinical note failed to indicate that there were neurological deficits or that the injured worker had previously had a CT or history of disturbed consciousness. In the absence of a clear indication for MRI and additional details regarding the injured worker's headaches, the requested MRI is not supported. As such, the request is not medically necessary.

### **Shockwave Therapy x6 to 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Electromagnetic therapy (PEMT).

**Decision rationale:** According to the California MTUS Guidelines, there is a lack of high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities and the treatment of conditions of the neck. In addition, the Official Disability Guidelines state that use of electromagnetic therapy or pulsed electromagnetic therapy is still under study in the treatment of neck pain and is therefore not recommended. The clinical information submitted for review indicated that the recommendation was made for shockwave therapy for the cervical spine. However, details regarding this request were not provided. In addition, the injured worker was not shown to have significant functional deficits related to the cervical spine at his evaluation on 07/09/2014 and the documentation did not indicate that he was participating in a therapeutic exercise program to be used in conjunction with the requested passive therapy. Furthermore, the guidelines do not support use of passive therapies for neck conditions over active therapies. For the above reasons, the request is not medically necessary.

**Neurology Follow Up Consult: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Office visits.

**Decision rationale:** According to the Official Disability Guidelines, the need for office visits with clinical doctors is individualized based on patients concerns, signs and symptoms, clinical presentation, and reasonable physician judgments. The guidelines also state that the determination may be based on medications that the patient is taking as some medications require close monitoring. A recommendation was made for the injured worker to be evaluated by a neurologist after his brain MRI due to headaches. However, details regarding his headaches were not provided and the requested brain MRI was found to not be supported at this time. Therefore, the follow-up visit with neurology following the MRI is also not supported. As such, the request is not medically necessary.

**Psych Follow -Up: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, Office visits.

**Decision rationale:** According to the Official Disability Guidelines, the need for office visits with clinical doctors is individualized based on patients concerns, signs and symptoms, clinical presentation, and reasonable physician judgments. The guidelines also state that the determination may be based on medications that the patient is taking as some medications require close monitoring. The injured worker was noted to recommended for a psychological follow-up due to anxiety and depression. However, details regarding the injured worker's symptoms and treatment to date in regard to his psychological component were not provided. In addition, the documentation failed to indicate whether he was taking any significant medications for psychological condition which would require follow-up. In the absence of further documentation regarding his psychological condition, symptoms, and past treatments, the need for a psychological follow-up cannot be established. As such, the request is not medically necessary.

**Pain Management Follow Up: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

**Decision rationale:** According to the Official Disability Guidelines, the need for office visits with clinical doctors is individualized based on patients concerns, signs and symptoms, clinical presentation, and reasonable physician judgments. The guidelines also state that the determination may be based on medications that the patient is taking as some medications require close monitoring. The injured worker was noted to be taking medications prescribed by pain management. However, his medications were not stated within the provided medical records. In order determine whether the medications would require frequent follow-up. In addition, details regarding his past treatment were not provided. Therefore, it is unclear when his most recent follow-up with his pain management physician was in order to determine whether the appropriate amount of time has passed in order to warrant a follow-up visit at this time. Therefore, in the absence of additional details regarding this request it is not supported. As such, the request is not medically necessary.