

Case Number:	CM14-0128485		
Date Assigned:	09/30/2014	Date of Injury:	07/25/2012
Decision Date:	10/28/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	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 Emergency Medicine and is licensed to practice in California. 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 reported to have a date of injury on 7/25/2012. Mechanism of injury is reportedly from lifting injury while at work. Patient has a diagnosis of lumbar sprain/strain with radiculitis, thoracic pain, cervical sprain with radiculitis and L shoulder impingement. Medical reports reviewed. Last report was reviewed until 7/11/14. Reports and additional records were provided dated after the request for service and UR date including the results of testing that was requested and denied. There are no records of these tests being approved by UR therefore the findings of these tests were not reviewed since prospective information does not retrospectively change the criteria used for independent medical review as per MTUS guidelines. Patient complains of neck pain radiating to upper back that worsens with movement. Patient also complains of L shoulder pain radiating down arm to elbow, hand and fingers. Worsens with movement and activity above shoulder level. Low back pain is sharp and radiates to bilateral hips and feet. Objective exam reveals cervical spine tenderness over paraspinal, trapezius and parascapular muscles. Also noted tenderness over cervical spine process from C4-7. Compression positive bilaterally. Also noted diffuse parathoracic tenderness. Range of motion (ROM) is mildly decreased. L shoulder exam reveals mildly decreased ROM and reportedly positive impingement test, tenderness over entire shoulder. Lumbar spine has noted paralumbar, sacroiliac joint, sciatic notch and sacral base. Straight leg raise positive bilaterally. Kemp's positive bilaterally. Hypoesthesia at L4, L5 and S1 on the right side. Prior records to report on 7/11/14 also only deal with low back pains. There is not a single documentation from the prior record that deal with neck pain or shoulder pain. Patient was already being seen by a pain specialist and has had extensive workout and management. Patient's pain also appears stable and chronic. Reported prior lumbar epidural injections and is post bilateral L3, L4 and L5 radio frequency rhizotomy. Reported prior acupuncture with no relief. No medication list was

provided for review. Only medication noted is Tramadol. Independent Medical Review is for Xray of Cervical spine, Xray of lumbar spine, Xray of Thoracic Spine, X-ray of the left shoulder, 6 acupuncture visits, consult for pharmaceutical management and MRI of cervical spine. Prior UR on 7/21/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xray of the cervical: 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.

Decision rationale: As per the ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury occurred over 2 years prior. There is no documentation of prior conservative care. There is no documentation of worsening symptoms. The neurological exam is benign. Therefore, the request for a cervical spine x-ray is not medically necessary.

Xray of the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per ACOEM Guidelines, Lumbar X-rays are not recommended unless there are red flag findings or that it may somehow aid in management. Patient has known lumbar spine disease from prior MRI and has extensive workup and treatment. There are no noted reasoning for x-ray request. Therefore, the request for an x-ray of the lumbar spine is not medically necessary.

Xray of the thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per the ACOEM guidelines, indications for Thoracic imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury occurred over 2 years prior. There is no documentation of prior conservative care. There is no documentation of worsening symptoms. The neurological exam is benign. Therefore, the request for a thoracic spine x-ray is not medically necessary.

Xray of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: As per the MTUS ACOEM Guidelines, imaging of the shoulder should be considered only in emergence of "red flag" signs and symptoms, physiologic evidence of neurovascular insult, failure to progress in physical therapy and pre-invasive procedure clarification of anatomy. Pt does not meet any of these criteria. The patient has yet to fully complete or undergo appropriate level of physical therapy of the affected shoulder. Therefore, the request for an x-ray of the left shoulder is not medical necessary.

6 acupuncture visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture guidelines, patient have, already failed prior acupuncture session therefore does not meet criteria for any additional acupuncture sessions. Therefore, the request for six acupuncture visits is not medically necessary.

Consult for pharmaceutical management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

Decision rationale: As per ACOEM guidelines, a referral to a specialist may be considered under certain circumstances that may aid in patient's recovery. The documentation of why a pharmacologic/pain management visit was requested merely states that pharmacological treatment and injections are to be considered. The provider has failed to provide any medication list or prior or conservative treatment. It is not clear if this patient is taking any medications or

what has been attempted in the past from the documentation. Only medicine noted is Tramadol. No NSAIDs or any other medications are noted. Prior records to report on 7/11/14 also only deal with low back pains. There is not a single documentation from the prior record that deal with neck pain or shoulder pain. Patient was already being seen by a pain specialist and has had extensive workout and management. Patient's pain also appears stable and chronic. It is not clear why a new pain specialist was requested or if the requesting provider reviewed the reports of the prior pain specialist. The provider has not provided enough information to support a new redundant consultation. Therefore, the request for a consult pharmaceutical management visit is not medically necessary.

MRI of the cervical: 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 (Acute & Chronic)

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

Decision rationale: As per ACOEM guidelines, indications for cervical imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury occurred over 2 years prior. There is no documentation of prior conservative care. There is no documentation of worsening symptoms. The neurological exam is benign. Therefore, the request for a cervical spine MRI is not medically necessary.