

Case Number:	CM14-0086605		
Date Assigned:	07/23/2014	Date of Injury:	08/03/2010
Decision Date:	09/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old male was reportedly injured on August 3, 2010. The mechanism of injury is noted as a 20 foot fall. The most recent progress note dated April 14, 2014 indicates that there are ongoing complaints of headache, right shoulder pain, right hand pain, in the low back pain. The physical examination demonstrated 3+ hypertonicity to palpation of the paralumbar muscles. Lumbar range of motion was limited in all planes by pain and spasm bilaterally. A Valsalva maneuver, a Kemp's test, and lumbar facet sign were present bilaterally. Diagnostic imaging studies include x-rays which revealed bony sclerotic foci, and degenerative changes, and height loss of vertebral bodies. Diffuse osteopenia and multilevel osteophytes were reported. Previous treatment includes physical therapy, acupuncture, chiropractic manipulative therapy, pharmacotherapy, and activity modifications. The diagnoses referenced include low back syndrome, shoulder impingement syndrome, possible rotator cuff syndrome, possible right carpal tunnel syndrome, right hand sprain/strain, right shoulder joint pain, and drop is the, sexual dysfunction, and anxiety and depression. A request had been made for an MRI of the thoracic spine, and a single point cane and these were not certified in the pre-authorization process on May 12th, 2014.

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 the thoracic spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck & Upper Back (Acute & Chronic) - Magnetic resonance Imaging (MRI) (updated 08/04/14).

Decision rationale: Evidence-based guidelines support MRI imaging when the record reflects failure of conservative treatment, normal radiographs, and neurologic signs or symptoms, as well as with severe or progressive neurologic deficits, or any other red flag symptoms. There is no documentation in the record provided of red flags, or failure to respond to conservative treatment provided for the thoracic spine. As such, the medical record does not substantiate the necessity of this request; therefore, this request is not medically necessary.

Single point cane, quantity: 1: 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 -TWC Treatment Integrated Treatment/Disability Duration Guidelines Hip & Pelvis (Acute & Chronic) (updated 03/25/14).

Decision rationale: CA MTUS guidelines do not reference. Recommendations for ambulatory support devices such as a single point cane are also not referenced under chronic pain management in the Official Disability Guidelines (ODG). The ODG provide support for walking aids in the clinical setting of osteoarthritis of the hip and knees and ankles. Based on the information available, the medical record does not substantiate the medical necessity of a single point cane for the diagnoses noted, nor is there guidelines support for this DME for the diagnoses presented. As such, this request is not medically necessary.