MAXIMUS Federal Services

Case Number:	CM14-0149582		
Date Assigned:	09/18/2014	Date of Injury:	09/10/2012
Decision Date:	01/05/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family 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:

This is a female patient who reported an industrial injury on 9/10/2012, over two (2) years ago, attributed to the performance of her usual and customary job tasks. The patient complained of neck pain radiating to the right head, right upper extremity, middle, and lower back pain with numbness and tingling to the right upper extremity, right shoulder pain radiating to the neck with popping and clicking, thoracic spine pain and low back pain radiating to the buttocks, abdomen, and groin. The objective findings on examination included cervical spine with tenderness, spasm, and diminished range of motion; strength is 5/5; hypoesthesia in the right C6 dermatome with positive cervical compression test; right shoulder revealed tenderness, positive Neer sign, flexion 175, extension 45, abduction at 170, a deduction of 45, and ER/IR at 90; strength is 4/5; lumbar spine with tenderness, spasm, diminished range of motion of the lumbar spine, strength 5/5, positive SLR, hypoesthesia to the right L5 and S1 dermatomes. The MRI dated 7/25/2013, for the cervical spine documented evidence of mild cervical spondylosis most pronounced at the level C4-C5 with mild to moderate left-sided neural foraminal stenosis, secondary to uncovertebral and facet arthropathy, mild neural foraminal narrowing with no evidence of spinal canal stenosis. The MRI the lumbar spine dated 9/10/2013, documented evidence of subtle scoliosis towards the right centered at the L2-L3 level and the level of L5-S1. There is disc desiccation and a small broad based central to right paracentral disc protrusion that abuts the transverse thing right S1 nerve, mild to moderate right and mild left facet joint degeneration. Imaging studies of the thoracic spine dated 7/1/2013, documented evidence of mild anterior wedging of a mid-thoracic vertebral body probably T5 or T6 and degenerative changes. Electrodiagnostic testing dated 11/25/2013 documented mild right CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine/Right Shoulder/Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 208, 181-183. Decision based on Non-MTUS Citation Harris J., Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 308-310

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182,177-178, 303-304 and 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-MRI; low back chapter MRI lumbar spine; shoulder chapter-MRI shoulder

Decision rationale: The request for a MRI of the cervical spine was not supported with objective findings on examination to support medical necessity. The patient is two (2) years s/p DOI and has no documented neurological or radiculopathy deficits on examination. There was no objective evidence to support the medical necessity of the requested cervical spine MRI. There is no documented change in clinical status or any progressive neurological deficit to the cervical spine to warrant repeated cervical MRI studies. The patient was not documented to have been provided complete conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a MRI of the cervical spine as a screening study. There are no documented progressing neurological deficits. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the cervical spine. The medical necessity of the requested MRI of the cervical spine was not supported with the subjective/ objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a cervical spine MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Cervical MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the cervical spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the cervical spine/thoracic spine or meet the recommendations of the currently accepted evidence-based guidelines. There is no provided rationale for the MRI of the cervical spine/thoracic spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for a repeated MRI of the cervical spine.The request for the authorization of a repeated MRI of the lumbar spine for the diagnosis of chronic low back pain was not supported with objective evidence on

examination by the treating physician, as there were no neurological deficits documented and no red flags documented for the reported pain to the back radiating to the lower extremity. The patient was ordered a MRI of the lumbar spine as a screening study. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. There was no demonstrated progressing neurological deficit. The request was not made with the contemplation of surgical intervention but as a screening study. The prior MRI of the lumbar spine performed demonstrated no nerve impingement radiculopathy. There was no evidence of a cervical radiculopathy on prior Electrodiagnostic studiesThe patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a repeated MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with subjective numbness and tingling to the right lower extremity. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the objective findings documented on examination. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three (3) months of symptoms with demonstrated failure of conservative care. The request for a repeated MRI of the lumbar spine without contrast with not documented clinical or neurological deficits is not demonstrated to be medically necessary.The request for a MRI of the right shoulder was not supported with any objective evidence on physical examination and was not demonstrated to be medically necessary. No rationale for a MRI study of the right shoulder was documented, as there were no objective findings on examination included. There were no objective findings documented on examination to the Right shoulder to meet the requirements recommended by the ACOEM Guidelines or ODG for a MRI of the shoulder. There was no demonstrated intention of surgical intervention and the request is made as a screening study to rule out internal derangement and shoulder impingement. It was noted that the patient had declined surgical intervention. There were no documented objective findings consistent with internal derangement of the right shoulder. The patient has not met the criteria or period of treatment with conservative care recommended by evidence-based guidelines. There was no noted internal derangement to the Right shoulder and the diagnosis was a shoulder strain. The request for the MRI is not made by a surgeon contemplating surgical intervention to the shoulder. There were no current documented objective findings or diagnosis of rotator cuff tear or internal derangement as the request appeared as a screening study. The documented objective findings on examination dated were limited with no findings consistent with internal derangement. The MRI of the Right shoulder is not demonstrated to be medically necessary and has not met the criteria recommended by the ACOEM Guidelines; or the Official Disability Guidelines. The Right shoulder MRI is not supported with a rationale other than a screening study.The provider wishes to evaluate the shoulder for a possible tear; however, there are no objective findings on examination that have either changed or demonstrate possible internal derangement documented for the Right shoulder. The symptoms and objective findings documented are minimal and there is no consideration of surgical intervention to the shoulder. The patient has not been demonstrated to have failed conservative treatment prior to the authorization of a MRI of the shoulder. The provider has not established or documented

subjective/objective changes to the physical examination of the right shoulder that meets the recommendations of the CA MTUS; ACOEM Guidelines, or the Official Disability Guidelines for the authorization of shoulder MRIs. There are no demonstrated changes in clinical status related to the shoulder that would support the medical necessity of the right shoulder MRI with anticipation of surgical intervention at this point in time without continued conservative treatment. The patient is not documented to be participating in a self-directed home exercise program. Therefore this request is not medically necessary.

Acupuncture 2x3 for the Cervical Spine/Right Shoulder/Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 2 x3 sessions of acupuncture directed to the neck, right shoulder, and back was not supported with objective evidence as there was no demonstrated failure of conventional treatment. There is no demonstrated medical necessity for six (6) sessions of acupuncture. The treating physician requested acupuncture sessions to the neck, shoulder, and back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the treatment with acupuncture. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated failure of conservative care or conventional care. The patient is not demonstrated to have intractable pain and is not exhausted all treatment modalities.The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. The use of acupuncture is not demonstrated to be medically necessary over a self-directed HEP. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule; the ACOEM Guidelines and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks.