MAXIMUS Federal Services

Case Number:	CM14-0210022		
Date Assigned:	12/23/2014	Date of Injury:	02/20/2014
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 50 year old female with an injury date on 2/20/14. The patient complains of ongoing lower back pain with stiffness/weakness, and severe cervical pain radiating down arms/hands with numbness/tingling/weakness per7/18/14 report. The patient is having difficulty and has been cutting herself on her hands several times due to ongoing issues per 7/18/14 report. The neck pain and right arm pain is now radiating up into her right arm as of yesterday per 5/14/14 report. Based on the 9/30/14 progress report provided by the treating physician, the diagnoses are:1. brachial plexus lesions2. \UNS neuralgia neuritis and radiculitis3. other spec acquired hypothyroidism4. degen cerv intervertebral disc5. degen lumb/lumbosac intervert disc6. neurovascular compression7. TOSA physical exam on 9/30/14 showed " L-spine range of motion is restricted and painful in all directions. Normal muscle strength of bilateral upper extremities. Hypesthesia to touch/pressure in a glove distribution over fingers/wrists bilaterally, hypesthesia in a stocking distribution over feet/ankles bilaterally." The patient's treatment history includes medications only. The treating physician is requesting diagnostic ultrasound (cervical spine, left shoulder). The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 5/14/14 to 12/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound (cervical spine, left shoulder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Arterial UR TOS Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back. Ultrasound, diagnostic.

Decision rationale: This patient presents with lower back pain, neck pain. The treater has asked for diagnostic ultrasound (cervical spine, left shoulder) on9/30/14. Regarding diagnostic ultrasound for the neck, ODG states they are not recommended. ODG states: "In uncomplicated back pain its use would be experimental at best. See the Low Back Chapter. According to this case series, in patients receiving steroid injections for lower cervical radicular pain, the ultrasound guided selective cervical nerve root blocks were as effective as the fluoroscopy guided transforaminal blocks in pain relief and functional improvements, in addition to the absence of radiation from real-time imaging." In this case, the patient has chronic back and neck pain. The treater has requested diagnostic ultrasound but the requesting progress report does not provide a discussion regarding the necessity of the request. ODG does not recommend diagnostic ultrasound of the neck. The request is not medically necessary.