

Case Number:	CM14-0210371		
Date Assigned:	12/23/2014	Date of Injury:	10/29/2012
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/16/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; transfer of care to and from various providers in various specialties; psychotropic medications; psychological counseling; extracorporeal shock wave therapy; and extensive periods of time off of work. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a request for a cervical ultrasound apparently performed on March 18, 2013. The claims administrator stated that the applicant was off of work. The claims administrator stated that the ultrasound was performed on March 18, 2013 in one section of the note and then stated was performed on March 18, 2014 in another section of its note. The cervical ultrasound at issue reportedly showed soft tissue calcifications about the cervical region of uncertain clinical significance, the claims administrator reported. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. Electrodiagnostic testing of February 2014 was notable for mild bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy. A progress note dated July 2, 2014 was notable for ongoing complaints of left shoulder, bilateral wrist, and neck pain. The applicant reported to exhibit tenderness about the cervical paraspinal musculature and spinous processes. A positive Spurling maneuver was noted. Electrodiagnostic testing was endorsed. The applicant's work status was not clearly outlined. A Medical-legal Evaluation of December

23, 2013 was notable for comments that the applicant was off of work as of this point in time. The applicant last worked in November 2012, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 3/18/13) Cervical ultrasound Qty: 1.00: 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) Ultrasound, diagnostic (imaging) Neck & Upper Back (Acute & Chronic) updated 11/29/10)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG Neck Chapter, Diagnostic Ultrasound topic.

Decision rationale: While the MTUS does not specifically address the topic of diagnostic ultrasound testing, the MTUS Guideline in ACOEM Chapter 8, pages 177-178 notes that imaging studies may be appropriate for applicants whose limitations due to consistent symptoms have persisted for four to six weeks or more when surgery is being considered for a specific anatomic defect and/or to further evaluate the possibility of potentially serious pathology, such as a tumor. Here, the cervical ultrasound was apparently performed and did not appreciably alter or influence the treatment plan in any appreciable way. Only low-grade, nondescript calcifications were uncovered. The treating provider did not comment on the import or significance of these findings in any of the reports referenced above. ODG's Neck Chapter, diagnostic ultrasound topic, it is incidentally noted, further notes that diagnostic ultrasound testing is deemed "not recommended." Here, the provided progress notes failed to contain any applicant-specific rationale which would offset the unfavorable ACOEM and ODG positions on the article at issue. Therefore, the request was not medically necessary.