MAXIMUS Federal Services

Case Number:	CM14-0212737		
Date Assigned:	12/30/2014	Date of Injury:	05/21/2012
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 51-year-old man with a date of injury of May 21, 2013. The injured worker's working diagnoses are lumbar spine strain/sprain; cervical spine strain/sprain radiating to the right upper extremity' thoracic strain/sprain; bilateral shoulder strain with impingement; right wrist/hand sprain; and headaches. Pursuant to the handwritten, largely illegible progress note dated November 5, 2014, the IW completed 6 sessions of (illegible) last seen which helped. Didn't get traction of acupuncture. The IW didn't get ergo evaluation. The IW complains of neck pain with occasional radiating to the left hand. Examination of the cervical spine reveals tender paraspinals and trapezius. Compression negative to traps. Decreased range of motion. Decreased sensation to the bilateral cervical spine. Examination of the left shoulder reveals tender SA, SST, AV. Positive crepitus (illegible). The treatment plan indicates prior acupuncture was requested, however, the IW was unable to attend due to his work schedule. The documentation shows a single progress note from physical therapy dated November 17, 2014. There were no other additional physical therapy notes. The IW was undergoing acupuncture documented on November 25, 2014. The number of acupuncture sessions, frequency and duration is not documented the medical record. There was no evidence of objective functional improvement associated with prior acupuncture. The treating physician recommends cervical traction 1 X 4 for radicular complaints. He is also recommending a diagnostic ultrasound to the left shoulder to assess for rotator cuff pathology, MRI of the cervical spine to assess for disc pathology, and follow-up in 4 to 6 weeks. The current request is for MRI of the cervical spine, left shoulder

diagnostic ultrasound, and acupuncture to the cervical spine, lumbar spine bilateral shoulders, and right wrist 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; six (6) visits (2x3). cervical spine, lumbar spine, bilateral shoulders, right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Acupuncture.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, acupuncture six visits (two times a week for three weeks; cervical spine, lumbar spine, bilateral shoulders and right wrist is not medically necessary. Acupuncture is understudy for the upper back but not recommended for neck pain. Despite increases in popularity efficacy of acupuncture for chronic mechanical neck pain still remains unproven. The Official Disability Guidelines enumerate an initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; cervical spine sprain/strain with right upper extremity radiculopathy; bilateral shoulder strain/impingement; and right wrist/hand sprain. The documentation shows a single progress note from physical therapy dated November 17, 2014. There were no other additional physical therapy notes. The injured worker was undergoing acupuncture documented on November 25, 2014. Medical record shows the injured worker was unable to attend acupuncture sessions due to his work schedule. The number of acupuncture sessions, frequency and duration does not document the medical record. The guidelines recommended initial trial of 3 to 4 visits over two weeks and with objective functional improvement a total of 8 to 12 visits over 4 to 6 weeks may be indicated. As noted above, the total number of visits rendered is not documented in the medical record. Additionally, the evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. Consequently, absent documentation indicating the number of acupuncture sessions to date, with frequency and duration, evidence of objective functional improvement in contravention of the guideline recommendations for repeating this procedure beyond that initial short course, acupuncture six visits (two times per week for three weeks) cervical spine, lumbar spine, bilateral shoulders and right wrist is not medically necessary.

Cervical spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, cervical spine MRI is not medically necessary. Magnetic resonance imaging of the cervical spine is not recommended for patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have cervical tenderness and have no neurologic findings. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The Official Disability Guidelines enumerate the guidelines for magnetic resonance imaging. The indications include, but are not limited to, chronic neck pain, radiographs normal, neurologic signs or symptoms present; that pain with radiculopathy if severe or progressive neurologic deficit. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; cervical spine sprain/strain with right upper extremity radiculopathy; bilateral shoulder strain/impingement; and right wrist/hand sprain. The documentation from a November 17, 2014 progress note indicates there was a questionable magnetic resonance imaging scan of the cervical spine performed in the past. The injured worker could not remember the results or whether it was done. The burden is on the treating physician to obtain prior results. There was no discussion in the record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. MRI should be reserved for patients who have clear-cut neurologic findings, as part of the evaluation, and those suspected of ligamentous instability. The documentation indicates there are symptoms of radiculopathy into the right upper extremity; however, there are no objective findings. Additionally, there is no documentation to support a three-month history of conservative treatment. Consequently, absent clinical documentation to support a cervical MRI with a neurologic deficit, MRI cervical spine is not medically necessary.

Left shoulder diagnostic ultrasound: 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 Chapter, Ultrasound Diagnostic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Diagnostic Ultrasound

Decision rationale: Pursuant to the Official Disability Guidelines, left shoulder diagnostic ultrasound is not medically necessary. The results of a recent reviews suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; cervical spine sprain/strain with right upper extremity radiculopathy; bilateral shoulder strain/impingement; and

right wrist/hand sprain. The guidelines indicate clinical examination by specialists can diagnose the presence of rotator cuff tear. The documentation in the medical record provides diagnoses stating bilateral shoulder strain/impingement. The documentation does not discuss rotator cuff tears in either a partial or complete context. There is no clinical indication/rationale, in the record, to perform a left shoulder diagnostic ultrasound. The guidelines indicate diagnostic ultrasound could be used for detection of full thickness rotator cuff tears although ultrasound may be better at picking up partial tears. As noted above, the documentation does not discuss rotator cuff tears. Consequently, absent clinical documentation to support the presence of a rotator cuff tear, left shoulder ultrasound is not necessary.