

<b>Case Number:</b>	CM14-0217048		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is sixty-one year old male who sustained a work-related injury on October 27, 2014. A request for an internal medicine evaluation, a psychology evaluation and treatment, x-ray of the cervical spine, lumbar spine and left shoulder was non-certified by Utilization Review (UR) on December 4, 2014. A request for eight sessions of acupuncture to the cervical spine, lumbar spine and left upper extremity was modified by UR on December 4, 2014 to six sessions of acupuncture to the cervical spine, lumbar spine and left upper extremity. The UR physician utilized the ACOEM Guidelines in the determination. With regard to the request for an internal medicine evaluation, the UR physician noted that there was no documentation to support the injured worker's use of nonsteroidal anti-inflammatory medications other than aspirin, no documentation of the response to using omeprazole and whether the medication is controlling symptoms. With regard to the request for a psychological evaluation, the UR physician noted that there was no documentation provided of how the injured worker's stress and anxiety provide significant functional limitations and no documentation of the length of time the injured worker has been taking anti-depressant medications. The UR physician noted that the injured worker's mental status examination indicated that his memory, orientation, judgment, intellect and affect were intact. With regard to the request for an x-ray of the cervical spine, the lumbar spine and the left shoulder, the UR physician noted that there was no documentation of a specific acute trauma, no documentation of concern for fracture, tumor or infection and no documentation of failure conservative therapy. A request for Independent Medical Review was initiated on December 29, 2014. The documentation submitted for IMR revealed the injured

worker sustained a work related injury on October 27, 2014 which manifested with neck and low back pain which radiated to the lower extremities as well as the left wrist, left elbow and left shoulder. The injured worker reported numbness and tingling in the hand as well. The injured worker reported feeling stress which he indicated caused a worsening of his musculoskeletal symptoms. The injured worker was evaluated by a psychologist and psychiatrist and given medication. A physician's evaluation was conducted on November 19, 2014 during which the injured worker reported intermittent pain in the neck, left upper extremity including shoulder, elbow, and wrist, numbness and tingling in the hands, low back pain and pain radiation from the low back to the legs. The injured worker rated his pain an 8 on a 10-point scale. He reported stress, stress-related headaches and anxiety. The injured worker complained of some stomach pain and reported that he believed the stomach pain was related to the medications he was taking. He reported using over-the-counter Motrin in the past. The injured worker's past medical history includes diabetes, hypercholesterolemia, gout and previous treatment for stress. His current medications were documented as metformin, omeprazole, atorvastatin, aspirin, Lisinopril, Sertraline, and allopurinol. On examination, the injured worker had tenderness to palpation of the paraspinal muscles of the cervical spine and the lumbar spine, left shoulder tenderness with restricted range of motion, left elbow tenderness, bilateral wrist tenderness. Diagnoses associated with the evaluation included stress and anxiety, complaint of abdominal pain, cervical strain/sprain, lumbar sprain/sprain with complaint of radiculopathy and left upper extremity overuse syndrome. The evaluating physician requested an internal medicine evaluation to address the injured worker's abdominal complaints, a psychology evaluation and treatment to address the injured worker's reports of stress and anxiety, x-rays of the cervical, spine, lumbar spine, shoulder and eight sessions of acupuncture.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Internal medicine evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Pain

**Decision rationale:** Internal medicine evaluation is not medically necessary per the MTUS Guidelines. is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation states that the patient has stomach pain which he feels is due to the medication he has been taking. He was using Motrin in the past. The provider states that an internal medicine consult is requested to address the patient's abdominal complaints to see if it is industrial or not. The request for whether this is an industrial condition or not is a medical legal

issue and therefore not medically necessary. There are no documentation of urgent or red flag issue in the documentation submitted necessitating an internal medicine consult at this point.

**Psychology evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

**Decision rationale:** Psychology evaluation and treatment are not medically necessary per the MTUS Guidelines as written. The ACOEM MTUS states that fundamental to cognitive therapy is the premise that the individual plays an important role in how he or she perceives or modifies his or her situation. Cognitive therapy can be problem-focused, with strategies intended to help alter the perception of stress; or emotion-focused, with strategies intended to alter the individual's response to stress. Familiarity and fluency with the many cognitive theories, therapies, and techniques is beyond most physicians' set of skills without specialized training. The documentation indicates that the patient has a history of anxiety and stress. It would not be unreasonable for this patient to be evaluated by a psychologist but the request as written for treatment without a quantity of treatment is not medically necessary and cannot be certified as written.

**Acupuncture 2x4 (cervical, lumbar, and left upper extremity):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture 2x4 (cervical, lumbar, and left upper extremity) are not medically necessary as written per the MTUS guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits and therefore acupuncture 2 times per week for 4 weeks right knee and shoulder is not medically necessary.

**X-ray cervical spine and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-304, 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178 & 303-304. Decision based on Non-MTUS Citation Neck & Low Back

**Decision rationale:** X-ray cervical spine and lumbar spine are not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG states that Radiography (x-rays) should be reserved for trauma, myelopathy or progressive neurological deficit, red flag diagnoses, age over 70, steroids or osteoporosis. The documentation does not indicate that the patient meets these criteria. There are no red flag physical exam findings or progressive neurologic deficits. The request for X-ray cervical and lumbar spine are not medically necessary.

**X-ray left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** X ray of the left shoulder is not medically necessary per the ACOEM MTUS guidelines. The guidelines states that the primary criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The documentation does not indicate acute trauma, plan for surgery, red flag or neurovascular dysfunction. The x-ray of the left shoulder is not medically necessary.