

<b>Case Number:</b>	CM15-0007695		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Connecticut, California, Virginia  
 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:

This is a 45-year-old female with an October 20, 2014 date of injury. A progress note dated December 16, 2014 documents subjective findings (headache, neck pain; mid/upper back pain; lower back pain; bilateral shoulder/arm pain; pain and numbness in the bilateral wrists/hands; headache rated at a level of 4-5/10; lower back pain rated at a level of 6/10; right shoulder/arm pain and right wrist/hand pain rated at a level of 4/10; left shoulder/arm pain and left wrist/hand pain rated at a level of 2-3/10; pain decreased since last visit), objective findings (tenderness to palpation over the cervical paraspinal muscles; palpable spasm; restricted range of motion of the cervical spine; tenderness to palpation over the thoracic paraspinal muscles; palpable spasm; tenderness to palpation over the lumbar paraspinal muscles; palpable spasm; restricted range of motion of the lumbar spine; positive straight leg raise test; tenderness to palpation of the bilateral shoulders; restricted range of motion of the bilateral shoulders; impingement and supraspinatus both positive bilaterally; tenderness to palpation of the bilateral arms, wrists, and hands), and current diagnoses (head pain; tension headaches; cervical spine musculoligamentous sprain/strain with radiculitis; cervical spine discogenic disease; thoracic spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain and disc herniation; bilateral shoulder sprain/strain, impingement syndrome, tendinosis and bursitis; bilateral wrist sprain/strain, rule out bilateral carpal tunnel syndrome; sleep disturbance secondary to pain; depression, situational). Treatments to date have included physical therapy, medications, imaging studies, chiropractic treatments (help temporarily and very little), and diagnostic testing. The treating physician documented a plan of care that included a lumbosacral brace, magnetic resonance imaging of the cervical spine, hot and cold unit, magnetic resonance imaging of the right shoulder, and a psychology consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

**Decision rationale:** The MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG recommend lumbar bracing as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, there is not good evidence in the provided documents to support use of a back brace given the very low likelihood of clinical improvement based on the guidelines, and therefore the request is not considered medically necessary at this time.

**Cervical MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is no provided indication of neurologic dysfunction that is evidential of need for a repeat MRI (MRI from Nov 2014 is included in the provided records). Therefore, per the guidelines, the request for MRI is not considered medically necessary.

**Hot and Cold Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, cryotherapy.

**Decision rationale:** The ODG guidelines, state that continuous flow cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. The patient has not been approved for operative management of a shoulder injury. Based on the provided records and lack of surgical intervention, it is the opinion of this reviewer that the non-certification per utilization review was appropriate, and therefore the request for a heat/cold therapy is not medically necessary.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter.

**Decision rationale:** According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided records lack of evidence of clinical changes or concern for development of new objective findings that clearly warrant MRI given the last MRI in Nov 2014. Therefore, while future imaging may be indicated, the request for MRI of the shoulder is not medically necessary at this time.

**Psychology Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluation Page(s): 100.

**Decision rationale:** The MTUS lists psychological evaluations overall as recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Given the recommendation for such evaluation in the MTUS, the request is considered medically appropriate.

