

Case Number:	CM15-0111379		
Date Assigned:	06/22/2015	Date of Injury:	10/17/2013
Decision Date:	10/06/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: Montana

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 injured worker is a 48 year old female with an industrial injury dated 09/01/2013-09/25/2013 (cumulative trauma). Her diagnoses included cervical disc protrusions with annular tear at cervical 5-6 and cervical 6-7, lumbar disc protrusion with annular tear and bilateral nerve root compression at L5-S1, left shoulder impingement syndrome, right shoulder impingement syndrome, rule out left and right medial epicondylitis and right mild carpal tunnel syndrome. Prior treatment included aqua therapy, diagnostics, specialty referrals and pain management. She presented on 05/11/2015 with complaints of neck, low back, left shoulder, right shoulder, bilateral wrist pain and headache. Physical exam noted cervical ranges of motion were decreased and painful. There was tenderness in the cervical paravertebral muscles with spasm noted. Cervical compression and shoulder depression caused pain. Lumbar ranges of motion were decreased and painful with tenderness. Bilateral shoulders also demonstrated painful range of motion with tenderness. Bilateral wrist range of motion was decreased and painful. The provider documented that ear complaints were referred to Ear Nose and Throat (ENT), difficulty breathing was referred to internal medicine and skin complaints were referred to dermatology. The following requests were authorized: follow up with internal medicine, follow up with pain management, and return to clinic in 4-6 weeks. The following requests are for review: continued aqua therapy x 12, follow-up with general medicine, follow-up with plastic surgery, MRI of the cervical and lumbar spine, referral to ENT specialist, referral to dermatologist, and X-ray of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued aqua therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The MTUS notes that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. The Physical Medicine guidelines Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this case there has been at least 12 visits for aquatic therapy with no documented sustained functional improvement. Reported pain levels have remained consistently at 6-8/10. There is no documentation of need for reduced weight bearing or other indications for aquatic therapy. The request for continued aquatic therapy for 12 visits is not consistent with the MTUS guidelines and is not medically necessary.

MRI of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, MRI and Low Back, MRI.

Decision rationale: The MTUS states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: "Emergence of a red flag." Physiologic evidence of tissue insult or neurologic dysfunction "Failure to progress in a strengthening program intended to avoid surgery." Clarification of the anatomy prior to invasive procedure 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 examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and

nerve conduction velocities (NCV), including H- reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case there has been a cervical MRI on 4/21/14. There is no current clinical evidence for any specific neurologic deficit and no significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation of red flag conditions or indication that surgery is being considered. The request for MRI of the cervical spine is not medically necessary. The MTUS states that, for the low back, 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 and who would consider surgery and option. Indiscriminate imaging will result in false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the overall false positive rate of 30%. The ODT guidelines document that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. Indications (ODG) for Magnetic resonance imaging (MRI) of the lumbar spine include; thoracic spine trauma: with neurological deficit, lumbar spine trauma: trauma, neurological deficit, lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), uncomplicated low back pain, suspicion of cancer, infection, other "red flags," uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, uncomplicated low back pain, prior lumbar surgery, uncomplicated low back pain, cauda equina syndrome, and myelopathy. It is unclear whether the injured worker has had a previous lumbar MRI. He has a diagnosis of lumbar disc protrusion with bilateral nerve root compromise at L5-S1 however, no MRI result is provided. In this case the most current medical records document no neurologic dysfunction with normal sensation, strength and reflexes in the lower extremities. There is no indication that surgery is being considered. The request for MRI of the lumbar spine does not appear to be supported by the MTUS or ODG guidelines. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The request for MRI of the lumbar spine is not medically necessary. Without additional documentation supporting indications for additional imaging, the request for MRI of the cervical and lumbar spine is not medically necessary.

X-ray of the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include cases of wrist injury, with snuffbox (radial-dorsal wrist) tenderness, but

minimal other findings, where a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury. In this case there was a left wrist X-ray on 2/23/15. The injured worker had a subsequent MRI and was recommended for ORIF of the left scaphoid. No justification is provided for repeat X-ray in this condition. The Utilization Review on 5/22/15 notes that the repeat left wrist X-ray was certified on 3/13/15 and the current request is a duplicate. That documentation is not provided to this reviewer. Without additional documentation, the request for X-ray of the left wrist is not medically necessary.

Referral to ENT specialist: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The American College of Occupational and Environmental Medicine Practice Guidelines for Independent Medical Examinations and Consultations recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. In this case the primary treating physician has referred the injured worker to an ENT specialist for ear complaints, which are not within the scope of care provided. It is noted that the utilization review on 5/22/15 states that the ENT referral was certified on a utilization review on 3/13/15. That review is not available in the records provided. Referral to an ENT specialist for evaluation and treatment of the ear complaints is medically necessary.

Referral to dermatologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The American College of Occupational and Environmental Medicine Practice Guidelines for Independent Medical Examinations and Consultations recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. In this case the primary treating physician has referred the injured worker to a Dermatologist specialist for skin complaints, which are not within the scope of care provided. It is noted that the utilization review on 5/22/15 states that the Dermatology referral was certified on a utilization review on 3/13/15. That review is not available in the records provided. Referral to a Dermatology specialist for evaluation and treatment of the dermatologic complaints is medically necessary.

Follow-up with plastic surgery: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The American College of Occupational and Environmental Medicine Practice Guidelines for Independent Medical Examinations and Consultations recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. In this case the primary treating physician has recommended follow-up with Plastic Surgery for care not within the scope of care provided. The plastic surgery specialist has seen the injured worker for multiple upper extremity complaints and is the only provider managing those complaints. The treatment note on 4/30/15 makes multiple treatment recommendations including a recommendation for left wrist ORIF for scaphoid fracture. The indications and justification for follow-up care are established in the records provided. Since these conditions are not yet at MMI, follow-up with the plastic surgery specialist for ongoing evaluation and treatment of the upper extremity conditions is medically necessary.

Follow-up with general medicine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The American College of Occupational and Environmental Medicine Practice Guidelines for Independent Medical Examinations and Consultations recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. In this case the primary treating physician has recommended general medicine follow-up for health care not within the scope of care provided. Referral has previously been made to internal medicine for some general health issues including hypertension. It is unclear why a further referral to general medicine is indicated. Without additional information and justification the referral for follow-up with general medicine is not medically necessary.