

Case Number:	CM15-0166413		
Date Assigned:	09/23/2015	Date of Injury:	11/21/2014
Decision Date:	11/03/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury November 21, 2014. According to a treating physician's progress report dated July 20, 2015, the injured worker presented for re-evaluation regarding head, low back, left shoulder, and left elbow pain. She also reports an increase in pain with writing in her left thumb, asking for a brace, and headaches as well as dizziness with lying down. The pain is rated 8 out of 10 without medication and 5 out of 10 with medication and described as aching and burning. The pain is worse with sitting, standing, bending and lifting and better with lying down, medication, injection, and physical therapy. Physical examination revealed; 4'11" and 140 pounds; lumbar spine-spasm and tenderness over the paraspinal muscles, tenderness over the sacroiliac joints, limited range of motion due to increased pain, Patrick's sign and Gaenslen's maneuver are positive bilaterally; left shoulder- diffuse tenderness, decreased range of motion, positive drop arm test on the left; left elbow- tenderness, but does have full range of motion although it increase pain; sensation intact and equal in the upper and lower extremities; straight leg raise elicits back pain bilaterally; gait and station slightly antalgic. Diagnoses are low back pain; lumbar facet pain; mild anterolisthesis of L4 on L5 lumbar degenerative disc disease; headaches; chronic pain syndrome. Treatment plan included acupuncture, continued medication, and at issue, a request for authorization for a compression sleeve with elbow pad for the left elbow, an MRI of the left elbow, and an MRI of the lumbar spine. According to utilization review dated July 28, 2015, the request for MRI of the head is certified. The request for MRI of the left shoulder is certified. The request for MRI of the

lumbar spine is non-certified. The request for MRI of the left elbow is non-certified. The request for a compression sleeve with elbow pad for the left elbow is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine, quantity: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with head, low back, left shoulder, and left elbow pain. The request is for MRI (Magnetic Resonance Imaging) of the lumbar spine, quantity: 1. The request for authorization is dated 07/21/15. Physical examination of the lumbosacral spine reveals mild spasm and tenderness over the paraspinal muscles. There is mild tenderness in the sacroiliac joints. She has limited flexion and extension due to increased pain. Patrick's sign and Gaenslen's maneuver are positive bilaterally. Exam of left elbow reveals tenderness to palpation over the olecranon process. She has full range of motion, although it does cause increased pain. She has completed physical therapy. Her acupuncture low back and left shoulder, once a week for six visits has been authorized. Patient's medications include Celebrex, Flexeril, Allegra, and Levoxyl. Per progress report dated 08/18/15, the patient is working full duty. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 08/18/15, treater's reason for the request is "She has already had an MRI but due to a new injury in November 2014, the conditions might have changed and it will assist us in determining if there is a fracture, tear in the discs, bulging disc or spondylosis or slippage of the disc as her pain has been aggravated from the new injury." Physical examination of the lumbosacral spine reveals mild spasm and tenderness over the paraspinal muscles. There is mild tenderness in the sacroiliac joints. She has limited flexion and extension due to increased pain. Patrick's sign and Gaenslen's maneuver are positive bilaterally. In this case, the treater discusses adequate suspicion of significant changes in symptoms suggestive of significant pathology. Therefore, the request is medically necessary.

MRI (Magnetic Resonance Imaging) of the left elbow, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with head, low back, left shoulder, and left elbow pain. The request is for MRI (Magnetic Resonance Imaging) of the left elbow, quantity: 1. The request for authorization is dated 07/21/15. Physical examination of the lumbosacral spine reveals mild spasm and tenderness over the paraspinal muscles. There is mild tenderness in the sacroiliac joints. She has limited flexion and extension due to increased pain. Patrick's sign and Gaenslen's maneuver are positive bilaterally. Exam of LEFT elbow reveals tenderness to palpation over the olecranon process. She has full range of motion, although it does cause increased pain. She has completed physical therapy. Her acupuncture low back and left shoulder, once a week for six visits has been authorized. Patient's medications include Celebrex, Flexeril, Allegra, and Levoxyl. Per progress report dated 08/18/15, the patient is working full duty. ODG Guidelines, Elbow Chapter, under MRIs (magnetic resonance imaging) Section states, "Recommended as indicated below. Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per progress report diagnosis dated 08/18/15, treater's reason for the request is "X-rays were done and were negative for any acute findings." In this case, the patient continues with LEFT elbow pain. An MRI can help the treater plan future treatments. ODG guidelines support MRIs in patient with chronic elbow pain, which the patient presents with. Review of provided medical records show no evidence of a prior MRI of the LEFT elbow. Therefore, this request is medically necessary.

Compression sleeve with elbow pad for left elbow: 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) Integrated Treatment/Disability Duration Guidelines Elbow (Acute & Chronic) updated 03/19/13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, under Splinting.

Decision rationale: The patient presents with head, low back, left shoulder, and left elbow pain. The request is for compression sleeve with elbow pad for left elbow. The request for authorization is dated 07/21/15. Physical examination of the lumbosacral spine reveals mild spasm and tenderness over the paraspinal muscles. There is mild tenderness in the sacroiliac joints. She has limited flexion and extension due to increased pain. Patrick's sign and Gaenslen's maneuver are positive bilaterally. Exam of LEFT elbow reveals tenderness to palpation over the olecranon process. She has full range of motion, although it does cause increased pain. She has completed physical therapy. Her acupuncture low back and left shoulder, once a week for six visits has been authorized. Patient's medications include Celebrex, Flexeril, Allegra, and Levoxyl. Per progress report dated 08/18/15, the patient is working full duty. ODG Guidelines,

Elbow Chapter, under Splinting Section states, "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis, no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis." Per progress report dated 07/20/15, treater's reason for the request is "She was given a sleeve, but it was too small for her arm." A request for MRI of the LEFT elbow is noted in progress reports. However, the results of this study are not available for review. In progress report dated 06/08/15, the treater states that they will request for a right elbow surgery. However, it is not clear if this procedure has been authorized or not. Physical examination of the left elbow reveals tenderness to palpation over the olecranon process. She has full range of motion, although it does cause increased pain. However, there is no diagnosis of cubital tunnel syndrome for which the braces are recommended by ODG. Therefore, the request is not medically necessary.