

Case Number:	CM15-0172951		
Date Assigned:	09/23/2015	Date of Injury:	03/01/2015
Decision Date:	11/24/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on 3-01-2015. The injured worker is being treated for cervical sprain-strain, lumbar muscle spasm, lumbar sprain-strain, right elbow sprain-strain, left elbow sprain-strain, right forearm myospasm, right forearm strain, left forearm myospasm, left forearm strain, right knee sprain-strain, left knee sprain-strain, left ankle sprain-strain, fatigue, loss of sleep, anxiety, myalgia and myositis NOS and spasm of muscle. Treatment to date has included work restrictions. Per the Primary Treating Physician's Progress Report dated 2-13-2015, the injured worker reported pain in the cervical and lumbar spine, bilateral elbows, bilateral forearms, bilateral knees, and bilateral; ankles. Objective findings of the cervical spine included decreased, painful ranges of motion and tenderness to palpation. Lumbar spine exam revealed decreased, painful ranges of motion and tenderness to palpation. The bilateral elbows had decreased range of motion that was painful. The right and left forearm had painful ranges of motion. The right and left knee had painful ranges of motion with tenderness to palpation of the bilateral anterior and medial knees. The bilateral ankle exam revealed tenderness and decreased, painful ranges of motion. The injured worker was to remain off work. The plan of care included, and authorization was requested on 2-23-2015 for acupuncture, chiropractic, internal medicine evaluation, physical therapy ,magnetic resonance imaging (MRI) of the thoracic, cervical and lumbar spine, bilateral elbows, bilateral forearms, bilateral knees, bilateral ankles and physical performance functional capacity evaluation (FCE). On 8-07-2015, Utilization Review non-certified the request for magnetic resonance imaging (MRI) of the thoracic, cervical and lumbar spine, bilateral elbows, bilateral forearms, bilateral

knees, bilateral ankles and physical performance functional capacity evaluation (FCE) for sprain of neck, and sprain of lumbar region as needed citing lack of established medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine as needed: 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): Physical Examination, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: MRI.

Decision rationale: CA MTUS ACOEM guidelines recommends imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." "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 an invasive procedure" ODG guidelines state MRI is not recommend except with specific conditions. These conditions include: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit. The documentation does not support the IW has any of these conditions. There are not documented subjective or objective neurologic concerns. There is no history of direct trauma. Without the support of guidelines, the request for thoracic MRI is determined not medically necessary.

MRI of the lumbar spine as needed: Upheld

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: MRI.

Decision rationale: CA MTUS ACOEM guidelines recommends imaging studies "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ODG guidelines state MRI "Recommended for indications below. 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."The documentation does not support the IW has any of these conditions. There are not documented subjective or objective neurologic concerns. There is no history of direct trauma. Without the support of guidelines, the request for lumbar MRI is determined not medically necessary.

MRI of the cervical spine as needed: 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): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: magnetic imaging study.

Decision rationale: CA MTUS ACOEM guidelines recommends imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." "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 an invasive procedure" ODG guidelines state MRI is not recommend except with specific conditions. These conditions include:- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit. The documentation does not support the IW has any of these conditions. There are not documented subjective or objective neurologic concerns. There is no history of direct trauma. Without the support of guidelines, the request for cervical is determined not medically necessary.

MRI of the bilateral elbows as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, Diagnostic Criteria, Chronic Pain Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: MRI's.

Decision rationale: According to CA MTUS, "In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a

specific anatomic defect or To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis." ODG guidelines state "Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition." The documentation does not reveal subjective or objective findings to support the above diagnosis. The records do not include thorough elbow examinations documented. There is no specific considered diagnoses discussed by the requesting provider. Without the support of the guidelines, the request for bilateral elbow MRIs is determined not medically necessary.

MRI of the bilateral forearms as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand.

Decision rationale: According the above referenced guidelines, MRI indicated for the following clinical presentations: Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. It is unclear from the chart material if the IW has previously had x-ray imaging and the results of these tests. The documentation does not reveal subjective or objective findings to support the above diagnosis. The records do not include thorough forearm or wrist examinations documented. There is no specific considered diagnoses discussed by the requesting provider. Without the support of the guidelines, the request for bilateral forearm MRIs is determined not medically necessary.

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Magnetic Resonance Imaging.

Decision rationale: CA MTUS ACOEM guidelines recommend imaging in most circumstances until after a period of conservative care and observation. ODG guidelines recommend MRI for

the knee to evaluate soft tissue injuries. Furthermore, "MRI was considered unnecessary if: x-rays alone could establish the diagnosis, patellofemoral pain with a normal ligamentous and medical exam, the knee pain resolved before seeing an orthopedic surgeon, or the MRI findings had no effect on treatment outcomes." The submitted materials does not include a detailed examination of ligaments in either knee. There are not objective or subjective findings to support concern for ligamentous injury. There is no documentation of direct trauma. There is no documentation of a new injury or worsening pain. The request for bilateral knee MRI studies is not medically necessary.

MRI of the bilateral ankles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankles: Magnetic Resonance Imaging.

Decision rationale: Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. ODG guidelines recommend MRI for the following indications: Chronic ankle pain, suspected osteochondral injury, plain films normal- Chronic ankle pain, suspected tendinopathy, plain films normal; Chronic ankle pain, pain of uncertain etiology, plain films normal; Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular; Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation does not reveal subjective or objective findings to support the above diagnosis. The records do not include thorough ankle examinations documented. There is no specific considered diagnoses discussed by the requesting provider. Without the support of the guidelines, the request for bilateral ankle MRIs is determined not medically necessary.

Physical performance functional capacity evaluation for sprain of the neck and lumbar region: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: According to ODG guidelines, functional capacity evaluation is "recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job." It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The documentation does not support the IW's progress is approaching return to work status. The IW continues to report increasing pain despite multiple treatment approaches. There is no documentation of decreased reliance on medications. There is report of ongoing plan and no return to work plans documented. The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation, cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The request for a functional capacity evaluation is not medically necessary.