

Case Number:	CM15-0024742		
Date Assigned:	02/17/2015	Date of Injury:	10/25/2014
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 37 year old male, who sustained an industrial injury on 10/25/2014. He has reported neck, low back, bilateral wrist and hand pain. The diagnoses have included headache, cervical sprain, thoracic sprain, lumbar sprain, right wrist sprain, left wrist sprain, bilateral hand tenosynovitis, abdominal pain, sleep disturbance and anxiety. Magnetic Resonance Imaging (MRI) 1/9/15 documented multilevel disc herniation L2-S1. Treatment to date has included medication therapy including Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), psychological evaluations, and chiropractic therapy. Currently, the IW complains of continuous nagging headaches, neck pain, mid back pain, lower back pain, bilateral wrists, and abdominal pain. Physical examination from 1/16/15 documented tenderness through cervical, thoracic, and lumbar musculature, tenderness to bilateral hands and wrists with positive Finkelstein's tests bilaterally. The plan of care included obtaining Magnetic Resonance Imaging (MRI) of cervical and thoracic spine, shockwave therapy, and psychiatrist follow up. On 2/2/2015 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) cervical spine, shockwave therapy, and Magnetic Resonance Imaging (MRI) of thoracic spine, noting the documentation failed to support medical necessity. The MTUS Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of prospective date of service 1/16/15, Magnetic Resonance Imaging (MRI) cervical spine, shockwave therapy, and Magnetic Resonance Imaging (MRI) of thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "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 and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.. Indications for imaging: MRI (magnetic resonance imaging): 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 treating physician has not provided evidence of red flags (focal neurologic deficits, evidence of trauma), detailed a trial and failure of conservative care, or the results of plain film radiographs to meet the criteria above at this time. As such the request for MRI OF THE CERVICAL SPINE is not medically necessary.

Six sessions of shockwave therapy: 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), Shoulder, Ankle & Foot and Elbow Chapters.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extra-corporeal shockwave therapy.

Decision rationale: The CA-MTUS ACOEM shoulder guidelines state; "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." The ODG states that; "Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating

calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection." It further very clearly states that it is "Recommended for calcifying tendinitis but not for other shoulder disorders." There is no mention in the available record of a diagnosis of calcifying tendinitis, also, if this is the diagnosis there is no mention in the record of the multiple conservative treatments required before its use may be considered. Medical documentation provided does not indicate that this patient has failed at least 3 conservative treatments. Guidelines are specific on the treatments that must have failed and the diagnosis patient's must have in order to qualify for this treatment. As such, the request for Six sessions of shockwave therapy is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 195-212; 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions." ODG lists criteria for low back and thoracic MRI, :indications for imaging" Magnetic resonance imaging: 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. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. While the patient does have pain lasting greater than one month, there is no documented conservative therapy or progressive neurological deficit. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of the thoracic spine is not medically necessary.