

Case Number:	CM15-0078108		
Date Assigned:	04/29/2015	Date of Injury:	11/27/2012
Decision Date:	07/10/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Illinois

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 56-year-old male, who sustained an industrial injury on 11/27/12. The injured worker has complaints of headache; neck pain; low back pain and right groin pain. The diagnoses have included cervical spine strain; lumbar spine strain and carpal tunnel syndrome. Treatment and diagnostics have included X-rays; electro diagnostic studies; magnetic resonance imaging (MRI) of the cervical spine; magnetic resonance imaging (MRI) of the lumbar spine and pain medications. The request was for cervical spine magnetic resonance imaging (MRI); spine surgical consul for cervical and lumbar spondylosis; doppler ultrasound of the left brachial plexus (brachial plexopathy); left shoulder ultrasound and lumbar spine magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: 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), Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 11/27/12. The medical records provided indicate the diagnosis of cervical spine strain; lumbar spine strain and carpal tunnel syndrome. Treatment and diagnostics have included X-rays; electrodiagnostic studies; magnetic resonance imaging (MRI) of the cervical spine; magnetic resonance imaging (MRI) of the lumbar spine and pain medications. The medical records provided for review do not indicate a medical necessity for Cervical spine MRI. The medical records indicate a previous Cervical MRI of 09/2013 revealed multilevel disc disease and spondylosis. The MTUS is silent on repeat MRI, but the Official Disability Guidelines does not recommend repeat cervical MRI except for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The medical records do not indicate there have been significant changes in symptoms and findings suggestive of tumor, infection, fracture, neurocompression or recurrent disc herniation. Therefore, the request for Cervical Spine MRI is not medically necessary.

Spine surgical consult for cervical and lumbar spondylosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The injured worker sustained a work related injury on 11/27/12. The medical records provided indicate the diagnosis of cervical spine strain; lumbar spine strain and carpal tunnel syndrome. Treatment and diagnostics have included X-rays; electrodiagnostic studies; magnetic resonance imaging (MRI) of the cervical spine; magnetic resonance imaging (MRI) of the lumbar spine and pain medications. The medical records provided for review do not indicate a medical necessity for Spine surgical consult for cervical and lumbar spondylosis. The medical records noted that the injured worker had been seen by several orthopedic surgeons in the past but did not explain what form of treatment, if any was rendered, and the outcome of treatment. Considering this injured worker has only recently been transferred to this orthopedist, immediate referral to a spine surgeon is not medically necessary without reviewing past treatment and test. The MTUS does not recommend surgery unless there is clear indication for surgery. This is in part due to the fact that the majority of patients recover without surgery, and also, because of increased risk, especially for those with comorbid problems. Furthermore, the utilization reviewer stated the injured worker has been referred to a specialist, but the outcome is unknown. The request is not medically necessary.

Doppler ultrasound of the left brachial plexus (brachial plexopathy): 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), Neck and Upper Back (Acute & Chronic), Ultrasound, diagnostic (imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Medscape: Traumatic Brachial Plexopathy <http://emedicine.medscape.com/article/316888-workup#c42>. National Guideline Clearinghouse (NGC). Guideline Summary: ACR Appropriateness Criteria® plexopathy. [American College of Radiology] In: National Guideline Clearinghouse (NGC) [Web site]. Rockville (MD): cited 1984 Apr (revised 2012 Jan 01). Available: <http://www.guideline.gov>. https://www.guidelinecentral.com/summaries//acr-appropriateness-criteria-plexopathy#h2_recommendations.

Decision rationale: The injured worker sustained a work related injury on 11/27/12. The medical records provided indicate the diagnosis of cervical spine strain; lumbar spine strain and carpal tunnel syndrome. Treatment and diagnostics have included X-rays; electrodiagnostic studies; magnetic resonance imaging (MRI) of the cervical spine; magnetic resonance imaging (MRI) of the lumbar spine and pain medications. The medical records provided for review do not indicate a medical necessity for Doppler ultrasound of the left brachial plexus (brachial plexopathy). The MTUS and the Official Disability Guidelines are silent on Doppler ultrasound, and brachial plexopathy, but Medscape and the National Guidelines Clearinghouse discussed brachial plexopathy, but did not include Doppler ultrasound as one of the recommended testing methods. The request is not medically necessary.

Left shoulder ultrasound: 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 (Acute & Chronic), Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Ultrasound, diagnostic.

Decision rationale: The injured worker sustained a work related injury on 11/27/12. The medical records provided indicate the diagnosis of cervical spine strain; lumbar spine strain and carpal tunnel syndrome. Treatment and diagnostics have included X-rays; electrodiagnostic studies; magnetic resonance imaging (MRI) of the cervical spine; magnetic resonance imaging (MRI) of the lumbar spine and pain medications. The medical records provided for review do not indicate a medical necessity for Left shoulder ultrasound. The MTUS is silent on diagnostic ultrasound of the shoulder, but the Official Disability Guidelines states that ultrasound scan (USS) of the shoulder is an accurate and reliable method of detecting full thickness Rotator Cuff Tears, and it can reduce the time from GP referral to definitive diagnosis and management. The diagnostic accuracy of USS compared well with MRI. Nevertheless, the medical records noted that the injured worker had been seen by several orthopedic surgeons in the past but did not explain what form of tests and treatments, if any were rendered, and the outcome of treatments. The request is not medically necessary.

Lumbar spine MRI: 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), Low Back Chapter, MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back - Lumbar & Thoracic (Acute & Chronic)MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 11/27/12. The medical records provided indicate the diagnosis of cervical spine strain; lumbar spine strain and carpal tunnel syndrome. Treatment and diagnostics have included X-rays; electrodiagnostic studies; magnetic resonance imaging (MRI) of the cervical spine; magnetic resonance imaging (MRI) of the lumbar spine and pain medications. The medical records provided for review do not indicate a medical necessity for Lumbar spine MRI. The medical records indicate a previous Lumbar spine MRI of 09/2013 revealed multilevel disc disease and spondylosis. The MTUS is silent on repeat MRI, but the Official Disability Guidelines does not recommend repeat Lumbar spine MRI except for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).The medical records do not indicate there have been significant changes in symptoms and findings suggestive of tumor, infection, fracture, neurocompression or recurrent disc herniation. Therefore, the request for Lumbar Spine MRI is not medically necessary.