

<b>Case Number:</b>	CM15-0090928		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: 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 66 year old male, who sustained an industrial injury on 01/18/2008. He has reported injury to the neck, bilateral shoulders, bilateral wrists/hands, and low back. The diagnoses have included cervical spine disc bulges; lumbar spine disc bulges with radiculopathy; possible right shoulder internal derangement; probable left shoulder internal derangement; status post right wrist and right middle finger surgery; and left carpal tunnel syndrome. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, and topical compounded cream. A progress note from the treating physician, dated 03/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the neck, lower back, bilateral shoulders, right wrist/hand, left wrist/hand, and right middle finger. Objective findings included diminished light touch sensation to the right thumb tip, right long tip, and the right small tip; and intact light touch sensation to the right lateral shoulder. The treatment plan has included the request for MRI (magnetic resonance imaging) with sedation; shockwave (ESWT) therapy, 1 x 1, left shoulder; neuropsychological testing; pain medicine follow-up visit; psyche follow-up visit; internal medicine follow-up visit; and neurology follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) with sedation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The PR-2 associated with the request for authorization lacked the information necessary to properly determine the medical necessity of the requested item. No previous MRI reports were included in the medical records supplied for review. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. MRI (magnetic resonance imaging) with sedation is not medically necessary.

**Shockwave (ESWT) therapy, 1 X 1, Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101-102.

**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), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** According to the Official Disability Guidelines extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. There is no documentation of calcifying tendinitis. The PR-2 associated with the request for authorization lacked the information necessary to properly determine the medical necessity of the requested item. No previous reports regarding shockwave therapy for this patient were included in the medical records supplied for review. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Shockwave (ESWT) therapy, 1 X 1, Left Shoulder is not medically necessary.

**Neuropsychological testing: Upheld**

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

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

Neuropsychological testing, Head (trauma, headaches, etc., not including stress & mental disorders).

**Decision rationale:** The Official Disability Guidelines recommend neuropsychological testing for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. The application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but NP assessment should not be the sole basis of management decisions. The PR-2 associated with the request for authorization lacked the information necessary to properly determine the medical necessity of the requested item. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Neuropsychological testing is not medically necessary.

**Pain Medicine follow-up visit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The referenced guidelines suggest overall support for the ongoing monitoring of patients as a critical role in the proper diagnosis and return to function of an injured worker: The guidelines further suggest that office visits are recommended as determined to be medically necessary. The PR-2 associated with the request for authorization lacked the information necessary to properly determine the medical necessity of the requested item. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Pain Medicine follow-up visit is not medically necessary.

**Psyche follow-up visit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 100-101.

**Decision rationale:** Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. PR-2 associated with the request for authorization lacked the information necessary to properly determine the medical necessity of the requested item. The clinical information submitted for review fails to meet the evidence based guidelines

for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Psyche follow-up visit is not medically necessary.

**Internal Medicine follow-up visit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. PR-2 associated with the request for authorization lacked the information necessary to properly determine the medical necessity of the requested item. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Internal Medicine follow-up visit is not medically necessary.

**Neurology follow-up visit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. PR-2 associated with the request for authorization lacked the information necessary to properly determine the medical necessity of the requested item. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Neurology follow-up visit is not medically necessary.