

Case Number:	CM15-0096381		
Date Assigned:	05/26/2015	Date of Injury:	12/01/2014
Decision Date:	09/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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, Arizona
 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:

This 47 year old female sustained an industrial injury on 12/01/14. She subsequently reported multiple areas of pain resulting from cumulative trauma. Diagnoses include adhesive capsulitis of shoulder, cervical spine strain with radicular pain, impingement syndrome of the right shoulder, tenosynovitis of hand and wrist and neck sprain. Treatments to date include x-ray testing, modified work duty and prescription pain medications. The injured worker continues to experience neck, bilateral shoulder, bilateral upper extremity, bilateral wrist and hand and low back pain. Upon examination, range of motion of the back is reduced, gait is normal, straight leg raising is positive at 70 degrees bilaterally. Examination of the right wrist shows reduced range of motion, diffuse tenderness and negative Tinel sign and Phalen test. The left wrist exam reveals full range of motion with no pain. The neck exam reveals reduced range of motion, Spurling and cervical compression tests were negative. Sensation and motor function of the upper extremities are within normal limits. A request for MRI right shoulder, MRI cervical spine, MRI lumbar spine, x-ray cervical spine, x-ray bilateral hands, x-ray lumbar spine and x-ray pelvis was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - lumbar spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Lumbar MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. There is no significant finding on physical examination that would justify an MRI in this setting. There is no evidence to suggest conus or cauda syndrome. Medical necessity has not yet been established.

MRI - cervical spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Cervical MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. There is no significant finding on physical examination that would justify an MRI in this setting. There is no upper motor neuron sign on exam, negative Spurling and as such, this request at this time cannot be supported. The request is not medically necessary.

MRI - right shoulder w/o dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: CA MTUS and ACOEM state the primary criteria for ordering imaging studies are the emergence of red flags, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There is no significant on physical examination finding that would warrant MRI imaging at this time. The injured worker carries a

diagnosis of impingement but there is no mention of surgery being an option. Medical necessity has not yet been substantiated.

X-ray lumbar spine: 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): 303-305.

Decision rationale: According to the CA MTUS ACOEM, Plain films can be considered when there are red flags noted on clinical examination that would support X-rays for further evaluation. There are no red flags noted within the submitted documentation. Medical necessity has not yet been established.

X-ray cervical spine: 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): 177-179.

Decision rationale: According to the CA MTUS ACOEM, Plain films can be considered when there are red flags noted on clinical examination that would support X-rays for further evaluation. There are no red flags noted within the submitted documentation. Medical necessity has not yet been established.

X-ray bilateral hands: 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) Hand and Wrist Chapter, X-rays.

Decision rationale: ODG recommends X-rays for the hands or wrists in acute trauma, or in those with chronic pain. Within the submitted documentation however, the left wrist was noted to be pain-free and there were no red flags on exam. The injured worker has a known diagnosis of carpal tunnel. Medical necessity has not yet been substantiated.

X-ray pelvis: 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) Hip and Pelvis, X-rays.

Decision rationale: According to the ODG, hip X-rays can be considered in those at high risk for osteoarthritis, to guide future management. There is no mention of severe OA of the hip on examination, with reduced ROM or positive provocative testing such as FABER or positive SI joint tests. Medical necessity has not yet been substantiated.