

Case Number:	CM15-0097472		
Date Assigned:	05/28/2015	Date of Injury:	01/20/2010
Decision Date:	07/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic neck, low back, ankle, and foot pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of January 20, 2010. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine, MRI imaging of the lumbar spine, MRI imaging of bilateral shoulder and a TENS-interferential unit 60-day trial. The claims administrator referenced a RFA form and an associated progress note of April 10, 2015 in its determination. The applicant's attorney subsequently appealed. The cervical MRI in question apparently performed on April 20, 2015 was apparently notable for multilevel degenerative changes, disk protrusions, and/or thecal sac effacement of uncertain clinical significance. Right shoulder MRI imaging also performed on April 20, 2015 was notable for partial thickness supraspinatus tendon tearing without evidence of full thickness tear. MRI imaging of the left shoulder dated April 24, 2015 was notable for evidence of internal impingement without frank evidence of a rotator cuff tear. MRI imaging of the left knee dated April 27, 2015 was notable for a grade 2 meniscal degeneration, chondromalacia and degenerative changes of uncertain clinical significance. On May 26, 2015, the applicant followed up with his chronic pain physician reporting multifocal complaints of shoulder pain, jaw pain, knee pain, wrist pain, hand pain, neck pain, and low back pain, highly variable, 7 to 8/10. Derivative complaints of depression, anxiety, insomnia, and psychological stress were reported. The applicant was placed off work, on total temporary disability. Physical

therapy was endorsed for multiple body parts. The applicant was placed off work, on total temporary disability. The applicant was asked to consult an orthopedist for his knee issues. On April 7, 2015, the applicant consulted a pain management physician, reported multifocal complaints of neck, shoulder, knee, ankle, and foot pain with derivative complaints of anxiety, dizziness, psychological stress, and insomnia. Limited range of motion was noted about the multiple body parts. The applicant had apparently undergone left knee surgery at an unspecified amount in time, it was stated. Bilateral knee MRI imaging, bilateral wrist MRI imaging, bilateral shoulder MRI imaging, lumbar spine MRI imaging, cervical spine MRI imaging and an interferential unit were endorsed while the applicant was placed off work, on total temporary disability. Medication selection and medication efficacy were not detailed. The applicant's medication list was not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) Cervical spine: 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), Minnesota rules.

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

Decision rationale: No, the request for cervical MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8 page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical therapy findings in preparation for an invasive procedure, here, however, it did not appear that the applicant was intent on pursuing any kind of invasive procedure involving the cervical spine based on the outcome of the study in question. The fact that multiple different MRI studies were concurrently ordered including wrist MRI imaging, shoulder MRI imaging, knee MRI imaging, spine MRI imaging, etc., significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. The fact that the attending provider was a pain management physician (as opposed to a spine surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to pursue any kind of surgical intervention involving the same. Therefore, the request was not medically necessary.

Magnetic resonance imaging (MRI) lumbar spine: 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), Minnesota rules.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnosis is being evaluated. Here, there was neither an explicit statement (nor an explicit expectation) that the applicant would act on the results of the study in question. The requesting provider was a pain management physician (as opposed to a spine surgeon). The fact that multiple different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and or going on to consider surgery based on the outcome of the same. Therefore, the request was not medically necessary.

Magnetic resonance imaging (MRI) bilateral shoulders: 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), Minnesota rules.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Similarly, the request for MRI studies of bilateral shoulders was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6 page 214, the routine usage of MRI imaging or arthrography of the shoulder without surgical indications is deemed "not recommended." Here, as with the preceding MRI studies, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of either shoulder MRI. The requesting provider was a pain management physician (as opposed to a shoulder surgeon). The fact that multiple different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study. It is further noted that MRI studies of the shoulder were performed, despite the adverse Utilization Review determination. One of the shoulder MRIs demonstrated evidence of anatomic impingement, while another shoulder MRI demonstrated partial impingement of rotator cuff tear. The requesting provider, however, failed to act on the results of the positive studies in his May 26, 2015 progress note. The requesting provider did not go and ask the applicant to consult a shoulder surgeon. Therefore, the request was not medically necessary.

TENS/Interferential stimulator home unit; initial trial 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 114, 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for a 60-day trial of a TENS-interferential stimulator dual modality device was likewise not medically necessary, medically appropriate, or indicated

here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should be employed only on a trial basis in applicants in whom there is evidence that other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, however, the attending provider did not detail the applicant's medications list on the April 10, 2015 progress note on which the dual modality-TENS interferential stimulator device was proposed. There was no mention of analgesic medication failure and/or analgesic medication intolerance, which would have compelled provision of the device on a trial basis. Therefore, the request was not medically necessary.