

Case Number:	CM15-0122820		
Date Assigned:	07/07/2015	Date of Injury:	09/18/2014
Decision Date:	10/07/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 (IW) is a 55-year-old female who sustained an industrial injury on 09/18/2014. Diagnoses include cervical muscle spasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; and right and left shoulder sprain/strain. Treatment to date has included chiropractic therapy. According to the progress notes dated 6/2/15, the IW reported frequent, mild neck and upper/mid-back pain and bilateral shoulder pain. On examination, there was tenderness to palpation of the cervical and thoracic paravertebral muscles and the anterior aspect of each shoulder. It was noted the IW had developed sleep disturbances as a result of the industrial-related pain and/or emotional stressors. A request was made for MRI of the thoracic spine; MRI of the cervical spine; MRI of the bilateral shoulders; one follow-up office visit; one sleep study consultation; three sessions of extracorporeal shockwave therapy for the bilateral shoulders; eight sessions of chiropractic therapy (mechanical traction, myofascial release, chiropractic manipulative treatment 1-2 regions, chiropractic manipulative treatment extraspinal and electro-stimulation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit: 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.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Guidelines recommend a follow up visit based on review of the patient's concerns signs and symptoms, clinical stability, and reasonable physician judgment. Within the documentation available for review, there are no specific complaints or objective exam findings for which an office follow up visit would be medically necessary. The request for a follow up visit is not medically appropriate and necessary.

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent medical examinations and consultations.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of what specific conservative treatment this patient has received or description of specific subjective complaints or objective findings related to a sleep related disorder which might warrant a consultation. The request for sleep study consultation is not medically appropriate and necessary.

Extracorporeal shockwave therapy for bilateral shoulders 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines state that extracorporeal shock wave therapy is recommended for patients whose pain from calcifying tendonitis of the shoulder has remained despite 6 months of standard treatment. In this case, there is a lack of evidence that the patient has been diagnosed with calcifying tendonitis of the shoulders, and there is a lack of evidence that the patient received adequate amount of conservative therapy. The request for extracorporeal shock wave therapy to both shoulders is not medically necessary and appropriate.

Chiropractic therapy 8 sessions, mechanical traction, myofascial release, chiropractic manipulative treatment 1-2 regions, chiropractic manipulative treatment extraspinal and electro-stimulation: 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, neck and upper back.

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

Decision rationale: Guidelines recommend chiropractic treatment for sprains and strains of the shoulder and upper arm allowing for fading of treatment and active self directed home therapy. IN this case, the patient was noted to have a history of 6 chiropractic treatments however there was no documentation in regard to the patient's therapeutic benefit with the previous therapy provided and the request exceeds guideline recommendations. The request is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines recommend thoracic MRI in cases of upper back/thoracic spine trauma with neurological deficit with tissue insult or nerve impairment. In this case, the patient complained of chronic mid back pain but there was no documentation of thoracic spine trauma with neurological deficit or findings of myelopathy. The request for MRI of the thoracic spine is not medically necessary and appropriate.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines recommend MRI if there is physiologic evidence of tissue insult or nerve impairment. Cervical MRI is recommended in cases of chronic neck pain after 3 months of conservative care with normal radiographs in the presence of neurological signs and symptoms such as radiculopathy or progressive neurologic deficit. In this case the patient has

chronic neck pain but there was no evidence of severe radiculopathy, progressive neurologic defect, or any red flag that would necessitate an MRI. In addition, there was no evidence that the patient completed 3 months of conservative care. The request for cervical spine MRI is not medically appropriate and necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines state that imaging studies may be recommended in patients who have had emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction such as weakness from a massive rotator cuff tear or presence of edema, cyanosis; failure to progress in strengthening; or need preoperatively. IN this case, the patient does not meet any of these criteria. The request for MRI of the shoulders is not medically appropriate and necessary.