

Case Number:	CM15-0125486		
Date Assigned:	07/10/2015	Date of Injury:	10/26/2012
Decision Date:	10/06/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old female who sustained an industrial injury on 10/26/12. Diagnoses are cervical disc disease, right wrist sprain/strain, left wrist arthrosis of the triscaphe joint, left wrist tear of the tricompartmental ligament, lumbar facet syndrome, and bilateral knee sprain/strain. In a follow up evaluation report dated 6/5/15, the physician notes she currently complains of cervical spine pain rated at 5/10, bilateral wrist pain at 7/10, lumbar spine pain at 7/10 and bilateral knee pain at 6/10. She has been taking her medications regularly and tolerates them well. She reports persistent low back pain with non-radicular symptoms, increased pain on extension and lateral bending, right knee pain with occasional swelling and bilateral wrist pain. The low back pain is getting progressively worse. She complains of constant neck pain with constant headaches and that medications are the only thing helping her get through the day. Physical exam notes a wide based gait and heel toe walk was performed with difficulty. The cervical spine exam reveals tenderness to palpation and spasm over the cervical paraspinal muscles extending to the bilateral trapezius muscles, facet tenderness to palpation at C4 through C7 levels, and decreased range of motion. There is pain in the bilateral knee over the joint lines, left greater than right. Patellar compression is positive on the right and left. The requested treatment is MRI of the lumbar spine, MRI of the left knee, MRI arthrogram of bilateral shoulders, MRI of the cervical spine, psychological consult, orthopedic hand consult with a specialist, a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: The request is for an MRI of the LS spine in a patient with chronic low back pain. The date of injury was 10/26/12. The patient complains of non-specific back pain with inability to stand or sit for greater than 1/2.5 hours. There are no red flags warranting an MRI study, such as tumor, infection, fracture, or progressive nerve dysfunction or disc herniation necessitating an MRI. The neurologic exam is within normal limits and range of motion testing is only painful at the extremes of motion. There is no medical rationale provided for the procedure, therefore it is not medically necessary or appropriate.

MRI (magnetic resonance imaging) Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: ACOEM Guidelines recommend MRI when red flag conditions exist, such as tumor, infection, fracture, progressive nerve compromise and recurrent herniated discs. This patient underwent an MRI on 01/18/2013 which revealed only a 2 mm central focal chondral defect in the patella. In the interim, no significant changes have been documented to warrant a repeat MRI of the knee. There are no subjective complaints referable to the knee and the physical exam shows only tenderness of the medial joint line. The patient does not appear to be a surgical candidate. Therefore the request for an MRI of the knee is not medically necessary or appropriate.

MRI (magnetic resonance imaging) Arthrogram, Bilateral Shoulders: Upheld

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

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

Decision rationale: ACOEM Guidelines state that special studies such as MRI may be warranted in cases of tumor, infection, fracture, progressive neurologic dysfunction or recurrent disc herniation. Guidelines do not routinely recommend repeat MRIs, but they should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the documents provided for review, no subjective complaints of shoulder pain or physical exam findings are present. Due to the lack of documentation, the medical necessity of MRI arthrograms of the shoulders is not established and is not medically necessary.

MRI (magnetic resonance imaging), Cervical Spine: Upheld

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

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

Decision rationale: The request is for a repeat MRI of the cervical spine. Repeat MRIs are not routinely recommended, but should be reserved for patients with changes in symptoms and functioning, suggestive of significant pathology, such as tumor, infection, fracture, progressive neurologic deficits and recurrent disc herniation. A cervical MRI of 01/18/13 showed only minor non-surgical disease. There has been no evidence of significant clinical changes to warrant a repeat MRI. The neurologic exam is normal and ROM is only slightly decreased in the neck. Therefore the medical necessity of the study is not established.

Psych Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: In this case, the patient has undergone a previous psychiatric evaluation on 01/17/13 for complaints of sleep disturbance, anxiety, nervousness, depression, loss of energy drive and motivation and aggression. Psychotherapy was recommended at the time of this evaluation; however there is no documentation of therapy or response to therapy. Thus there is no medical rationale presented for a repeat psychological consultation and the request is not medically necessary or appropriate.

Orth Hand Consult with specialist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The request is for an orthopedic surgery hand consult. In this case, there are no recent progress reports submitted to support the referral to a hand surgeon. There is no evidence of recent subjective complaints or significant findings upon examination to justify this consultation. An evaluation on 8/21/2014 only noted the findings of hand pain and weakness without significant objective findings. Therefore the request is not medically necessary or appropriate.

Sleep Study: 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) Pain chapter(polysomnography).

Decision rationale: CA MTUS does not address sleep studies. ODG states that polysomnography is recommended after at least 6 months of an insomnia complaint that has been unresponsive to behavioral intervention and sedative/sleep promoting medications and after a psychiatric diagnosis has been ruled out. This patient was to have psychotherapeutic treatment for insomnia following a psych evaluation in 2013; however no records have been submitted to document the treatment. Therefore the request is not medically necessary or appropriate.