

Case Number:	CM13-0001893		
Date Assigned:	12/18/2013	Date of Injury:	10/05/2011
Decision Date:	03/31/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female who reported an injury on 10/05/2011. The mechanism of injury was noted to be the patient was lifting a box weighing approximately 5 pounds and twisted her back to put the box in a different location when she started to feel significant stabbing and sharp pains in the low back right greater than left. The patient had an anterior L4-5 and L5-S1 lumbar fusion in 1998. The patient was treated with physical therapy, medications, and chiropractic manipulation. The patient was noted to be working full time without restrictions as an office assistant. The patient reported a pain level of 6/10 for neck pain, but 7/10 for low back after taking the medication, Vicodin. The patient's medications were noted to be Vicodin 5/500 mg, Ativan 0.5 mg, Skelaxin 800 mg, and Prilosec 20 mg. Palpation to the lumbar spine demonstrated maximum tenderness along the right PSIS and palpation of the cervical spine demonstrated diffuse cervical tenderness. The patient's diagnoses were noted to include chronic low back pain, history of L4-S1 fusion surgery with cages in the late 1990s, chronic neck pain, and diffuse body pain. The recommendations/plan were noted to include chiropractic therapy, massage therapy, a pillow/contour, a back brace, medication management, Prilosec, random urine drug screen, and a CT scan of the cervical spine and lumbar spine, as well as physical therapy for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program if intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. For most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review failed to provide the patient had documentation of physiologic evidence of tissue insult and/or neurologic dysfunction. The clinical documentation indicated the patient was demanding a CT scan. There was lack of documentation of objective findings to support the request. The request for CT scan of the cervical spine is not medically necessary and appropriate.

Physical therapy times eight (8) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of prior physical therapy sessions the patient attended. There was lack of documentation of objective functional benefit and remaining objective functional deficits to support ongoing therapy. Additionally, the request as submitted failed to indicate the body part the physical therapy was for. The request for physical therapy 8 sessions is not medically necessary and appropriate.

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines indicate that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the patient has persisted for at least 6 weeks. There should be unequivocal

objective findings identifying specific nerve compromise on the neurologic examination to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was lack of documentation to unequivocal findings identifying specific nerve compromise. The patient was unable to have an MRI due to a pacemaker implant. The request was noted to be made because the patient was demanding a CT. However, there was lack of documentation to support the necessity for CT scan of the lumbar spine. The request for a CT of the lumbar spine is not medically necessary and appropriate.