

Case Number:	CM13-0006791		
Date Assigned:	11/22/2013	Date of Injury:	02/24/2010
Decision Date:	01/22/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/05/2013

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 Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 64-year-old female who reported an injury on 02/24/2010 due to a motor vehicle accident. The patient was treated conservatively with physical therapy and acupuncture. The patient underwent MRI of the lumbar spine and cervical spine. The MRI of the lumbar spine revealed disc protrusion at the L4-5 level causing mild to moderate left intervertebral neural foraminal narrowing and a disc bulge at L5-S1 with bilateral facet arthrosis and moderate right and superior left intervertebral neural foraminal narrowing. The MRI of the cervical spine revealed multilevel degenerative changes with annular bulges with potential nerve root impingement at C3-4, C5-6, and C7-T1. The patient also underwent additional conservative treatment to include medications, H-wave therapy, and a transcutaneous electrical nerve stimulation (TENS) unit. The patient's most recent clinical evaluation included complaints of low back pain and cervical spine pain rated at 7/10 that was exacerbated by activity. Physical findings included cervical range of motion described as 20 degrees in forward flexion and 10 degrees in extension; lumbar spine range of motion described as 40 degrees in forward flexion and 0 degrees in extension. It was noted the patient had decreased sensation in the bilateral 1 through 3 digits. The patient's diagnoses included cervical spondylosis without myelopathy, cervical radiculopathy, and cervicobrachial syndrome. The patient's treatment plan included an additional MRI of the cervical spine and thoracolumbar spine with continuation of medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI Thoracolumbar Spine without contrast between 6/28/13 and 9/13/13: 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), Section Low Back-Lumbar & Thoracic

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

Decision rationale: The clinical documentation submitted for review does provide evidence the patient already underwent a thoracolumbar spine MRI in 05/2013. The Official Disability Guidelines do not recommend repeat imaging in the absence of progressive neurological deficits or a significant change in pathology. The clinical documentation submitted for review does not provide any evidence the patient has had a significant change in pathology or a significant progression of neurological deficits. As such, the requested MRI for the thoracolumbar spine without contrast between 06/28/2013 and 09/13/2013 is not medically necessary or appropriate

12 Physical Therapy 0xwk x0wks between 6/28/13 and 9/13/13: 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), Section Physical Therapy Guidelines

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

Decision rationale: The clinical documentation submitted for review does provide evidence the patient has undergone extensive physical therapy for the compensable injuries. The California MTUS guidelines recommend patients be transitioned into a home exercise program to maintain improvements acquired during participation in supervised active therapy. The clinical documentation submitted for review does not provide any evidence of barriers that would preclude further progress of the patient while participating in a home exercise program. Additionally, The California MTUS guidelines recommend up to 10 visits for this type of injury. As the patient has had physical therapy in excess of this recommendation, continuation of this treatment modality is not supported by guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 physical therapy visits between 06/28/2013 and 09/28/2013 is not medically necessary or appropriate.

1 MRI Cervical Spine without contrast between 6/28/13 and 9/13/13: 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), Neck and Upper Back Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

Decision rationale: The clinical documentation submitted for review does provide evidence the patient already underwent a thoracolumbar spine MRI in 05/2013. The Official Disability Guidelines do not recommend repeat imaging in the absence of progressive neurological deficits or a significant change in pathology. The clinical documentation submitted for review does not provide any evidence the patient has had a significant change in pathology or a significant progression of neurological deficits. As such, the requested MRI for the cervical spine without contrast between 06/28/2013 and 09/13/2013 is not medically necessary or appropriate.