

Case Number:	CM13-0039936		
Date Assigned:	12/20/2013	Date of Injury:	03/13/1997
Decision Date:	02/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 57-year-old male who reported injury on 03/13/1997. The mechanism of injury was stated to be a slip and fall on the ice. The physician indicated they had not seen the patient since 12/14/2011 and the patient missed an appointment on 02/19/2013. The patient was noted to have increased insomnia and fragmented sleep. The patient was noted to have frequent apnea episodes. The patient's diagnoses were not provided. The recommendations and plan were noted to include a re-evaluation by a sleep specialist, gastrointestinal specialist, aquatic therapy, high resolution MRI scans of the lumbar spine, thoracic spine, cervical spine and bilateral feet as well as medication refills and the replacement for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 high resolution MRI 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, Low Back- Lumbar and Thoracic (Acute and Chronic).

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: Official Disability Guidelines recommend a repeat MRI when patients have a significant change in symptoms and/or findings suggestive of a significant pathology. There was a lack of documentation indicating the necessity for the repeat MRI. The physical examination was noted to be unchanged and there was a lack of objective findings. Given the above and the lack of documented rationale, the request for 1 high resolution MRI of the lumbar spine is not medically necessary.

1 high resolution MRI of the thoracic 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 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines indicate that an MRI is used when there are unequivocal objective findings that identify specific nerve compromise on the neurological examination. The physical examination was noted to be unchanged and there was a lack of objective findings. Given the above and the lack of documentation, the request for 1 high resolution MRI of the thoracic spine is not medically necessary.

1 high resolution MRI 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: ACOEM Guidelines indicate the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to invasive procedure. Clinical documentation submitted for review failed to provide the rationale for the requested scan. Additionally, there was a lack of documentation indicating the patient had physiologic evidence of a tissue insult or neurologic dysfunction as there was a lack of an objective physical examination. Given the above, the request for 1 high resolution MRI of the cervical spine is not medically necessary.

1 high resolution MRI of bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: ACOEM Guidelines indicate that for most cases presenting with true foot and ankle disorders special studies are not needed until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the patient's conservative care and observation. The physical examination was noted to be unchanged and there was a lack of objective findings to support the necessity for an MRI. Given the above, the request for 1 high resolution MRI of bilateral feet is not medically necessary.

1 gastrointestinal consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The patient was noted to have 2 endoscopic evaluations in the past 3 years with the last 1 being 8 months prior to the examination on 06/04/2013. The patient was noted to have a colonoscopy 3 years prior to that date. The recommendation from the physician due to the recent endoscopy was the patient was to start Miramax daily or up to 2 times a day if ineffective and maintain a high fiber diet. The clinical documentation submitted for review indicated the patient had recommendations to continue Prefaced and start Miralax daily or up to 2 times a day if ineffective and continue a high fiber diet. However, there was a lack of documentation indicating the necessity for a repeat evaluation as the patient was noted to be under treatment. The patient was noted to have an evaluation on 03/12/2012 and was noted to have a colonoscopy 3 years prior. There was a lack of documentation indicating signs or symptoms necessitating a repeat evaluation. Given the above, the request for 1 gastrointestinal consultation is not medically necessary.

12 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review failed to provide a thorough objective physical examination. Additionally, there was a lack of documentation indicating the patient had a necessity for reduced weight bearing. Given the above, the request for 12 aquatic therapy sessions is not medically necessary.

1 reevaluation by sleep specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009 Jun 15;5(3):263-79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The clinical documentation submitted for review indicated the patient had frequent apnea episodes, insomnia and fragmented sleep per the patient's spouse. The recommendations were noted to include the patient needed to have a continuous positive airway pressure (CPAP) titration, to urgently be provided with a CPAP machine, and needed a re-evaluation by a sleep specialist. Given the above, and the patient's frequent apnea episodes and insomnia, the request for 1 re-evaluation by sleep specialist is medically necessary.

Flexeril 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41, 64.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. There was a lack of documentation indicating the necessity for long-term treatment as the medication is not recommended for longer than 2 to 3 weeks. Given the above, the request for Flexeril 7.5 #60 is not medically necessary.

1 replacement lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use can lead to deconditioning. The clinical documentation submitted for review indicated that the patient had a lumbar brace and the old one was broken. However, there is a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 1 replacement lumbar brace is not medically necessary.