

Case Number:	CM13-0058412		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2009
Decision Date:	03/19/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Interventional Spine 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 58-year-old female with date of injury of 2/18/09. The treating physician report dated 10/2/13 indicates multiple diagnoses: 1. Bilateral knee osteoarthritis; 2. Right knee surgery on April 23, 2011; 3. Left knee surgery on April 23, 2010; 4. Chronic sprain/strain of lumbosacral spine and associated musculoligamentous structures aggravated by marked abnormal gait due to her knees with marked L4/5 and L5/S1 facet arthropathy, per MRI on 11/2/11, 724.2; 5. Post injury weight gain from 172lbs to 199lbs, 27 pounds; 6. Strain of the cervical spine, consider cervical disc intraspinal injury; and 7. Right shoulder with mild impingement. The utilization review report dated 11/4/13 denied the current request for MRI of the lumbar spine, range of motion study, functional capacity evaluation, an physical therapy two (2) times a week for six (6) weeks for the lumbar spine. The rationale for the denial was based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation ODG Low Back (web: updated 10/19/13).

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

Decision rationale: The patient presents to her treating physician with an acute fall sustained on the date of examination, 10/2/13. She was walking backwards, her knee gave way, she fell at home, she landed in a sitting position on her hands. Her knees are tender, her hands are sore and swollen and her back is very sore. The lumbar flexion is 66 degrees and extension is 16 degrees. The treating physician stated "I have ordered an MRI of her lumbar spine as she may have a compression fracture or herniated disc now." The treater indicated in his prior report dated 9/9/13, "Currently, her back is doing very well." There is reference to a lumbar MRI dated 11/2/11 that states that there is marked facet arthropathy L4/5, L5/S1 and 2mm anterolisthesis of L5 over S1. There is no documentation of prior lumbar surgery. The Official Disability Guidelines indicate that "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this patient the treater is concerned about compression fracture. The patient does not present with severe or progressive neurologic deficits, such as weakness, bladder issues or new radicular symptoms. An MRI is not indicated. Recommendation is for denial.

Range of motion study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back (web: updated 10/9/13), Flexibility.

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

Decision rationale: The patient was evaluated by the treating physician for an acute exacerbation of lumbar pain on 10/2/13. In the report it states "I am requesting a computerized range of motion study. This study is an assessment of the patient's disability and not treatment per Regulation 9792.6(0). Hence, Utilization Review does not apply." Review of the reports; however, would indicate that the patient is seen for an acute exacerbation. The Official Disability Guidelines indicate that the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way." The guidelines do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The treating physician does not document why an inclinometer cannot be used to measure this patient's range of motion and the guidelines are clear on this matter. Furthermore, a precise measurement of range of motion (ROM) do not necessarily correlate with

pain, disability or functional level. The range of motion assessment should be a routine part of the physician evaluation/examination. Recommendation is for denial.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137. Decision based on Non-MTUS Citation ODG Fitness for Duty (web: updated 3/22/12)

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: In reviewing the treating physician's report dated 10/2/13, there is no discussion regarding the need for a functional capacity evaluation (FCE) other than "A functional capacity evaluation may also be necessary to determine the patient's loss of earning capacity, which is important when determining the patient's disability per the AMA Guides, 5th edition". The ACOEM Guidelines state, "the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer." It further states, "there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treater has asked for FCE but the guidelines do not recommend this unless the information obtained is crucial or is asked by the adjuster or employer. Recommendation is for denial.

Physical therapy for the low back, two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Low back (web: updated 10/9/13), Physical therapy.

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

Decision rationale: The patient presents with an acute flare up of lower back pain. There is no documentation regarding prior physical therapy visits and any response to such therapy. The Chronic Pain Guidelines indicate that physical therapy is recommended and should "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." The current request for twelve (12) sessions of physical therapy exceeds what the guidelines allow for this type of condition, which would be nine to ten (9-10) visits over eight (8) weeks. Recommendation is for denial.