

Case Number:	CM13-0059719		
Date Assigned:	12/30/2013	Date of Injury:	11/23/2008
Decision Date:	06/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in 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 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/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 injured worker is a 64-year-old female who reported an injury on 11/23/2008 due to a slip and fall. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. It was also documented that the injured worker had undergone multiple surgical interventions. The injured worker was evaluated on 12/03/2013. Physical findings were not provided. The injured worker's diagnoses included low back pain with radicular symptoms, right shoulder pain, right ankle pain, bilateral knee pain, right hip pain, right big toe pain, and bilateral TMJ and dental trauma pain. The injured worker's treatment plan included continuation of medications and an additional MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE QTY:12.00: 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: California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits of physical therapy for myofascial and radicular pain. The clinical documentation does

indicate that the injured worker has not previously participated in physical therapy directed towards the lumbar spine for a short course of therapy would be appropriate for this injured worker. However, the requested 12 visits exceed guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Therefore, based on guidelines and a review of the documents submitted the request for Physical Therapy is not medically necessary.

MRI OF THE LUMBAR SPINE: 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), Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: California Medical Treatment Utilization Schedule does not address repeat imaging. 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 indicate that the injured worker had an MRI in 2009 for the lumbar spine. The clinical documentation does not provide any evidence that there has been a significant change in the injured worker's clinical presentation to support the need for an additional MRI. Additionally, it is noted within the documentation that the injured worker has not received any physical therapy directed towards the lumbar spine. The American College of Occupational and Environmental Medicine recommend an MRI for the lumbar spine when there is documented radiculopathy upon physical examination that has not responded to conservative treatments. As the injured worker has not had any physical therapy directed towards the lumbar spine an MRI would not be supported. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

FLEXION-EXTENSION X-RAY VIEW OF THE LUMBAR SPINE: 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), Low Back Chapter; Indications for Imaging-Plain X-Rays.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend radiography for injured workers that have not responded to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has not had any physical therapy directed towards the lumbar spine. In the absence of this conservative treatment, an imaging study would not be supported. Additionally, the injured worker underwent an MRI in 2009. The clinical documentation did not provide a significant change in the injured

worker's clinical presentation that would require the need for an x-ray. As such, the request Flexion-Extension X-ray view of the Lumbar Spine is not medically necessary or appropriate.

TREATMENT WITH DENTIST FOR TEMPOROMANDIBULAR JOINT DISORDER AND DENTAL TRAUMA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines Second Edition, page 127.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend referrals for injured workers at risk for delayed recovery that have injuries outside of the treating provider's scope of practice and would benefit from the additional expertise of a specialist. The clinical documentation submitted for review does not specifically provide any justification for the requested referral. For the need for additional treatment planning by a specialist would not be supported. As such, the request treatment with Dentist for Temporomandibular Joint Disorder and Dental Trauma is not medically necessary or appropriate.

SECOND OPTION PODIATRY CONSULT FOR RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines Second Edition, page 127.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend referrals for injured workers at risk for delayed recovery that have injuries outside of the treating provider's scope of practice and would benefit from the additional expertise of a specialist. The clinical documentation submitted for review does not specifically provide any justification for the requested referral. For the need for additional treatment planning by a specialist would not be supported. As such, the request treatment for second option (opinion) Podiatry Consult for Right Ankle is not medically necessary or appropriate.

RETROSPECTIVE ROBAXIN 750MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. The request for Retrospective Robaxin is not medically necessary.