

Case Number:	CM13-0061477		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2013
Decision Date:	05/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 35-year-old female who reported an injury on 07/30/2013. The mechanism of injury involved a fall. Current diagnoses include cervical spine sprain, lumbar strain, and left leg contusion. The injured worker was evaluated on 10/17/2013. The injured worker has been previously treated with 5 physical therapy sessions. Physical examination revealed paravertebral muscle tenderness with spasm, reduced cervical range of motion, 5/5 motor strength in bilateral upper extremities, positive Spurling's maneuver on the right, diminished lumbar range of motion, 4/5 left EHL strength, and positive straight leg raising on the left. Treatment recommendations included a magnetic resonance imaging of the cervical and lumbar spine, Electromyography /nerve conduction studies of the upper and lower extremities, physical therapy 3 times per week for 4 weeks, and a prescription for ketoprofen, omeprazole, and orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for cancer, infection, or other red flags, low back pain with radiculopathy following 1 month of conservative therapy, and myelopathy. The injured worker does not appear to meet criteria for the requested study. There is no documentation of at least 1 month of conservative therapy. There is no documentation of a neurological deficit with regard to the lumbar spine. The injured worker demonstrated intact sensation in bilateral lower extremities. The injured worker does not maintain a diagnosis of myelopathy. There is also no indication of the suspicion for fracture, cancer, or infection. Based on the aforementioned points, the request for magnetic resonance imaging of the lumbar spine is non-certified.

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker's physical examination revealed slightly reduced sensation in the right C6 dermatomal distribution, 5/5 motor strength, and positive Spurling's maneuver on the right. There was no evidence of upper extremity weakness or radiculopathy upon physical examination. There is also no mention of an attempt at conservative treatment prior to the request for an electro diagnostic study. There is no documentation of a neurological deficit with regard to the left upper extremity. Based on the clinical information received, the request for Electromyography of bilateral upper extremities is non-certified.

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR NECK AND LOW BACK PAIN:
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 Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. Therefore, the request for twelve (12) physical therapy session for the neck and low back pain is non-certified.

OMEPRAZOLE DR 20 MG DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. There is no documentation of cardiovascular disease or increased risk factors. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there is no frequency or quantity listed in the current request. Therefore, the request for Omeprazole DR 20mg daily is non-certified.

ORPHENADRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT Page(s): 63-66.

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

Decision rationale: This is a nonspecific request that does not include the dosage, frequency, or quantity. Therefore, the request for Orphenadrine is non-certified.

EMG OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal,

neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate decreased strength on the left with positive straight leg raising on the left. There is no documentation of a neurological deficit with regard to the right lower extremity. There is also no mention of an attempt at conservative treatment prior to the request for an electro diagnostic study. As such, the request for Electromyography of bilateral lower extremities is non-certified

MRI OF CERVICAL SPINE .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test. As per the documentation submitted, the injured worker's physical examination did not reveal a significant musculoskeletal or neurological deficit. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. Therefore, the request for magnetic resonance imaging of the cervical spine is non-certified.