

Case Number:	CM14-0003789		
Date Assigned:	02/03/2014	Date of Injury:	08/10/2000
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 58 year old female who reported an injury on 08/10/2000 secondary to straightening up a bed. She underwent a cervical fusion at C4-5, C5-6, and C6-7 on 05/22/2009. The injured worker underwent a pre-surgical psychological screening on 01/23/2013 for a spinal cord stimulator and has attended an unknown duration of psychotherapy and biofeedback sessions as of 06/28/2013. She also received an unknown number of epidural steroid injections with the most recent injection at C7-T1 on 06/21/2013. On 07/22/2013, a request was submitted for physical therapy, but it is unclear if the injured worker actually attended physical therapy. It was noted on 08/05/2013 that it had been quite some time since the injured worker had been treated with physical therapy. The injured worker was evaluated on 12/13/2013 and reported worsening pain between 3/10 and 8/10 in her neck and thoracic spine as well as knee pain of unknown severity with weight-bearing. She also reported significant weakness, numbness, and tingling associated with increasing pain and spasms in the neck and back. On physical examination, she was noted to have diminished grip strength on the left, decreased sensation in both legs, and normal lower extremity reflexes. She was also noted to have tenderness of the kneecap, patellofemoral joints, medial and lateral joints, and swelling with no gross laxity. It was noted that the injured worker had fallen twice around the time of the most recent evaluation resulting in a closed head injury, and that she and her family reported memory and cognitive impairment thereafter. The injured worker was diagnosed with cervical sprain with myelopathy, spinal myelopathy with lower extremity weakness, left upper extremity radiculopathy, left shoulder sprain with probable SLAP tear, thoracic sprain with possible myelopathy, lumbar sprain, left L5 pseudoarthrosis-sclerosis, L4-5 and L5-S1 degenerative disc disease. Medications were noted to include diclofenac, prednisone, Voltaren gel, Diazepam, Methacarbamol,

Lamotrigine, and Norco. She was also being treated with acupuncture at the time of the evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC SURGEON CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: California MTUS/ACOEM Guidelines state that referral for surgical consultation is indicated for injured workers who have clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. The documentation submitted for review fails to provide official imaging or electrophysiologic studies that indicate clear, consistent evidence of a lesion that would benefit from surgical care. Furthermore, the subjective and objective physical examination findings documented in the most recent evaluation fail to identify specific nerve compromise. Additionally, it was noted that a significant amount of time has passed since the injured worker has been treated with physical therapy. It is unclear in the documentation provided that the injured worker would not benefit from physical therapy as opposed to surgery. As such, the request for orthopedic surgical consultation is not medically necessary.

X-RAY LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California MTUS/ACOEM Guidelines state that the clinical parameters for ordering knee radiographs following trauma in this population are joint effusion within 24 hours of direct blow or fall. The injured worker did sustain a fall and has physical exam findings of abnormal gait, swelling and tenderness. An x-ray of the left knee would be warranted at this time to assess for any acute osseous injury to include fracture. As such, the request for an x-ray of the left knee is medically necessary.

NEUROPSYCHOLOGY CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Chapter 6, pages 163-167.

Decision rationale: ACOEM Guidelines recommend a consultation if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise. These guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The injured worker was noted to have fallen twice around the time of the most recent evaluation resulting in a closed head injury, and that she and her family reported memory and cognitive impairment thereafter. These clinical findings indicate that the injured worker would benefit from additional expertise in the form of a neuropsychology consultation. As such, the request for a neuropsychology consultation is medically necessary.

CT SCAN CERVICAL, THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 12, 303-305

Decision rationale: California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The most recent evaluation notes subjective and objective findings relating to the shoulder, left upper extremity, bilateral lower extremities, and cervical, thoracic, and lumbar spine. The medical records submitted for review fail to indicate specific nerve compromise. As such, the request for a CT scan of the cervical, thoracic, and lumbar spine is not medically necessary.

CERVICAL AND LUMBAR FLEXION-EXTENSION X-RAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Flexion/Extension Imaging Studies.

Decision rationale: Official Disability Guidelines do not recommend flexion-extension imaging studies as a primary criteria for range of motion. The guidelines also state that flexion-extension imaging studies may be a criteria prior to fusion for spinal instability, for example in evaluating

symptomatic spondylolisthesis when there is consideration for surgery. The injured worker is not yet a candidate for surgery, and the most recent clinical documentation does not indicate an intention for a fusion procedure. As such, the request for cervical and lumbar flexion-extension x-rays is not medically necessary.

STANDING SCOLIOSIS X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 12, 303-305

Decision rationale: California MTUS/ACOEM Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. The rationale for the x-ray is not documented in the medical records, and the request as written specifies a desire to obtain a scoliosis xray. There is no recent documentation of scoliosis in the medical records provided to warrant an x-ray for such condition. Therefore, the request for a standing scoliosis x-ray is not medically necessary.