

Case Number:	CM14-0013102		
Date Assigned:	02/24/2014	Date of Injury:	08/13/2007
Decision Date:	09/05/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/01/2014

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 Occupational Medicine 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 patient is a 39-year-old male who has filed a claim for thoracic compression fracture and spinal cord injury associated with an industrial injury date of August 13, 2007. Review of progress notes indicates neck pain and improvement of right shoulder pain with physical therapy. Findings include muscle spasms in the cervical region, positive Spurling's maneuver, tenderness over the lumbar and cervical regions, presence of trigger points in the trapezius, tenderness over the right shoulder and wrist, positive Hawkin's test of the right shoulder, positive Tinel's and Phalen's over the right wrist, decreased right brachioradial reflex, increased bilateral lower extremity reflexes, and loss of motor strength and sensation of bilateral lower extremities. MRI of the cervical spine dated January 02, 2014 showed large syrinx extending from the caudal tip of the dens to the T3 level with surrounding edema in the remaining parenchyma into the medulla; and small protrusions at multiple levels. Treatment to date has included physical therapy, opioids, acupuncture, home exercise program, TENS, trigger point injections, lumbar spinal surgery in August 2007. Patient uses an electric wheelchair. Utilization review from January 22, 2014 denied the requests for six sessions of acupuncture; six sessions of physical therapy; referral to an orthopedic surgeon; MRI of the right shoulder; MRI of the cervical spine with contrast; and MRI of the lumbar spine with contrast. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration of Function chapter Page(s): 114.

Decision rationale: As noted on page 114 of the CA MTUS ACOEM Guidelines, they stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, this patient receives 12 physical therapy and acupuncture sessions per year, which provides moderate pain relief. Progress notes indicate that the patient had increased capability for manual wheelchair use. However, additional goals of therapy were not specified, and the body part to which the requested sessions are directed to is not indicated. Therefore, the request for six sessions of acupuncture was not medically necessary.

SIX SESSIONS OF PHYSICAL THERAPY: 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: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. This patient has had 6 recent visits for the right shoulder, with improved pain and function. Progress notes indicate that the patient has 12 physical therapy and acupuncture sessions per year, which provides moderate pain relief. The functional goals of additional physical therapy sessions were not indicated. Also, the body part to which these sessions are directed to is not specified. Therefore, the request for six sessions of physical therapy was not medically necessary.

REFERRAL TO AN ORTHOPEDIC SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES.

SECOND EDITION , CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS., 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations chapter, pages 127, 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the requesting physician indicates that an orthopedic referral is necessary for the right shoulder for tendonitis, possible DJD, or rotator cuff tear. However, the patient has only received physical therapy and acupuncture for the right shoulder, for which there is reported improvement in pain and function. Also, there has not been any imaging study for initial assessment of the shoulder condition. Therefore, the request for referral to an orthopedic surgeon was not medically necessary.

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for shoulder MRI include acute shoulder trauma with suspicion of rotator cuff tear/impingement, patients > 40 years of age, with normal plain radiographs; and subacute shoulder pain with suspicion of instability/labral tear. In this case, there are no findings consistent with shoulder instability, and there are no prior plain radiographs to support this request. Therefore, the request for MRI of the right shoulder was not medically necessary.

MRI OF THE CERVICAL SPINE WITH CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Indications for MRI according to ODG include chronic neck pain with normal radiographs and presence of neurologic signs/symptoms; neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain with radiographs showing spondylosis or old trauma and presence of neurologic signs/symptoms; chronic neck pain with radiographs showing bone or disc margin destruction; suspected cervical spine trauma with normal radiographs and clinical findings suggestive of ligamentous injury; known cervical trauma with equivocal or positive plain films and neurologic deficit; and upper back/thoracic trauma with neurologic deficit. In this case, the patient received a non-contrast cervical MRI in January 02, 2014 showing a large syrinx occupying the entire visualized spinal cord, without visualization of the entire syrinx, and with cord edema seen in the remaining parenchyma. An MRI of the cervical spine with contrast is necessary at this time to assess for the presence of an underlying mass, scar tissue, or associated disc material. Therefore, the request for MRI of the cervical spine with contrast was medically necessary.

MRI OF THE LUMBAR SPINE WITH CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

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, MRIS (MAGNETIC RESONANCE IMAGING).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, lumbar MRIs are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture; uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if severe or progressive neurologic deficits, with prior lumbar surgery, or with cauda equina syndrome; or myelopathy -- traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease or oncology patient. In this case, the patient has lower extremity paraplegia, and does not complain of worsening of low back pain symptoms. At this time, there is no indication for imaging of the lumbar spine. Therefore, the request for MRI of the lumbar spine with contrast was not medically necessary.