

Case Number:	CM14-0016403		
Date Assigned:	06/11/2014	Date of Injury:	01/30/2013
Decision Date:	07/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 and 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 51-year-old female who reported a fall on 1/30/13. In the clinical notes dated 1/13/14, the injured worker complained of persistent cervical pain and lumbar pain. Prior treatments included physical therapy, acupuncture, and pain medications. The physical examination of the lumbar spine revealed moderate generalized tenderness with no kyphosis, lordosis, or scoliosis. It was noted that there was full painless range of motion of the thoracic and lumbar spine with normal stability and normal strength and tone. It was annotated that the injured worker had an MRI of the cervical spine. The diagnoses included cervical degenerative joint disease, chronic headache, and lumbar strain. The treatment plan included a request for MRI of the brain, MRI of the lumbar spine, naproxen, Protonix, cyclobenzaprine, a request for cervical physical therapy, and a request for cognitive therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

Decision rationale: The California MTUS/ACOEM guidelines state that an unequivocal objective findings identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers 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. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiological evidence indicates tissue insult or nerve impairment the practitioner can discuss with the consultant the selection of an imaging test to define a potential cause. In the clinical notes provided for review, the physical examination did not indicate red flags, such as nerve compromise, to warrant an MRI. It is noted that the injured worker had full painless range of motion of the lumbar spine and normal stability and normal strength and tone. There is also lack of documentation of the pain level status and efficacy of pain medications. Therefore, the request for an MRI of the lumbar spine is not medically necessary.

Cognitive physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines state that behavioral interventions are recommended for identification and reinforcement of coping skills. The guidelines also recommend that a fear avoidance belief questionnaire should be given to identify injured workers who are at risk. An initial trial of 3 to 4 psychotherapy visits over 3 weeks is recommended; with evidence of objective functional improvement at a total of up to 6 to 10 visits over 5 to 6 weeks may be recommended. In the clinical notes provided for review, there is lack of documentation of the injured worker participating in a fear avoidance belief questionnaire or reporting a lack of motivation to participate in the physical therapy or other conservative therapies. It is also annotated that the injured worker was to return to full regular duties. Therefore, the request for cognitive physical therapy is not medically necessary.

An MRI of the brain: 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 Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that an MRI is recommended to determine neurologic deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. In the clinical notes provided for review, there is lack of documentation of neurologic

deficits provided in the physical examination to warrant a MRI of the brain. There is also a lack of documentation of the injured worker having disturbed consciousness or acute changes due to previous trauma or disease. Therefore, the request for an MRI of the brain is not medically necessary.