

Case Number:	CM14-0136837		
Date Assigned:	09/03/2014	Date of Injury:	08/27/2010
Decision Date:	10/20/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Nevada. 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 records presented for review indicate that this 38 year-old individual was reportedly injured on August 27, 2010. The most recent progress note, dated November 20, 2012, indicates that there were ongoing complaints of neck pain. The physical examination demonstrated a pain level 9/10. Diagnostic imaging studies objectified a disc lesion a 3 mm at C6-C7. Previous treatment includes multiple medications, chiropractic care, physical therapy, and other pain management interventions. Prior utilization review denied a request for 1 EMG of the lower extremities (through [REDACTED]), 1 MRI of the Lumbar Spine (through [REDACTED]), 1 MRI of the Cervical Spine (through [REDACTED]), 1 MRI of the Thoracic Spine (through [REDACTED]), 12 sessions of Aquatic therapy (through [REDACTED]), 1 psych consultation with [REDACTED] (anxiety, depression, sleep) and 1 pain medicine consultation with [REDACTED] (chronic pain) on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Electronically Cited.

Decision rationale: There are multiple medical records although the most current is 2012. There is insufficient clinical information presented to support this request. Therefore, based on the clinical information presented for review, tempered by the parameters noted in the ACOEM guidelines, to include clinical findings on an MRI or neurologic compromise not being objectified there is insufficient clinical information presented to support this request, therefore it is not medically necessary.

1 MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Electronically Cited.

Decision rationale: ACOEM treatment guidelines support an MRI of the lumbar spine for sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks and not improving if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms nerve root compression. Review of the available medical records does not establish a current clinical situation. There is incomplete clinical information presented to support this request. Therefore, the request is not medically necessary.

1 MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic)

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), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Diagnostic Investigations; MRI (Electronically Cited)

Decision rationale: As outlined in the ACOEM, an MRI is recommended for patients with progressive neurologic deficit or no improvement with painful or debilitating symptoms. However, currently there is insufficient clinical information to support this request. As such, the request is not medically necessary.

1 MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic)

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), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Diagnostic Investigations; MRI (Electronically Cited)

Decision rationale: As outlined in the ACOEM, an MRI is recommended for patients with progressive neurologic deficit or no improvement with painful or debilitating symptoms. However, currently there is insufficient clinical information to support this request. As such, the request is not medically necessary.

12 sessions of Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 387, Chronic Pain Treatment Guidelines Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 of 127..

Decision rationale: Aquatic therapy is recommended as an option when available as an alternative to land-based therapy. However, there is nothing in the records presented to suggest that this individual could not participate in land-based therapy. As such, there is insufficient clinical information presented to support this request as medically necessary. As such, the request is not medically necessary.

1 psych consultation with [REDACTED] (anxiety, depression, sleep): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: As outlined in the ACOEM guidelines, a consultation is appropriate when psychosocial factors are present. However, there is no current clinical note establishing the clinical need for such an intervention. Therefore, the request is not medically necessary.

1 pain medicine consultation with [REDACTED] (chronic pain): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2017, pg. 56

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), 2nd Edition, (2004) chapter 7, page 127.

Decision rationale: As outlined in the ACOEM guidelines, a consultation is appropriate when psychosocial factors are present. However, there is no current clinical note establishing the clinical need for such an intervention. Therefore, the request is not medically necessary.