

Case Number:	CM14-0139843		
Date Assigned:	09/08/2014	Date of Injury:	07/26/2008
Decision Date:	11/06/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 injured worker is a 33-year-old female who sustained an injury on July 26, 2008. The medical records were reviewed. The injured worker is diagnosed with spinal sprain/strain syndrome, post traumatic head contusion, knee contusion and strain with chondromalacia and a mild antalgic gait, obesity, and headaches. She was seen for an orthopedic evaluation on June 18, 2014. She presented with complaints of persistent neck and low back symptomatology with constant headaches, two to three times a week. The neck pain was described as stabbing and achy and was rated 8/10. The low back pain was described as achy and was rated 7/10. She also reported aching mid back pain, which was rated 5/10, and stabbing upper back pain, which was rated 5-6/10. Pins and needles sensation in the right arm was also present and was rated 7/10. An examination of the cervical spine revealed exquisite tenderness over the suboccipital area. There was tenderness over the occipital insertion of the paracervical musculature and mild tenderness over the bilateral trapezii. The midline base of the cervical spine was tender as well. Range of motion was limited. Mildly positive head compression was noted. An examination of the lumbar spine revealed tenderness over the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was slightly tight. The buttocks were tender. She was unable to fully squat due to pain. There was tenderness on stress of the pelvis indicating mild sacroiliac joint symptomatology. Lumbar range of motion was limited. Reflexes for the knee and ankle jerks were intact. There was no gross motor weakness in the lower extremities. Intact pin sensation was noted in both lower extremities. Mild sciatic stretch was present.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

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, MRIs (magnetic resonance imaging)

Decision rationale: The request for a magnetic resonance imaging (MRI) scan of the lumbar spine is not medically necessary at this time. The clinical scenario of the injured worker does not satisfy indications for imaging in accordance to the Official Disability Guidelines. There was no documentation of any neurological deficits, suspicion for fracture, cancer, infection, radiculopathy, or myelopathy. Therefore, this request is not medically necessary.

EMG/NCV studies of the Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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, Nerve conduction studies (NCS), EMGs (electromyography)

Decision rationale: The request for electromyography and nerve conduction studies of the bilateral lower extremities was not medically necessary at this time. A review of medical records revealed that the request was for the purpose of routine assessment of neurologic changes in the knee, low back, and distal lower extremity. However, clinical findings do not suggest any significant neurologic change or compromise to warrant the need for electromyography and nerve conduction studies in accordance to the Official Disability Guidelines. Medical necessity of the request was not established.

Internal Medicine Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The request for an internal medicine consultation is not medically necessary at this time. There was no indication in the reviewed medical records that establishes the need for a specialist evaluation in accordance to the MTUS Chronic Pain Medical Treatment Guidelines. No complaints or findings related to internal medicine were found. Medical necessity for the request for internal medicine consultation was not established.

Retrospective Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: The request for retrospective urinalysis is not medically necessary at this time. The clinical scenario of the injured worker did not satisfactorily meet the indications for the use of urinalysis for ongoing monitoring of medication compliance in accordance with the Official Disability Guidelines. There was no indication in the reviewed medical records of any evidence of high risk of addiction nor was there an instance when an increased dose of medication does not decrease pain and function to warrant the need for urinalysis. Therefore, this request is not medically necessary.

Physical Therapy 2x week for 4 weeks for the cervical spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Physical therapy (PT).

Decision rationale: The request for eight sessions of physical therapy is medically necessary at this time. From the reviewed medical records, the injured worker is not attending any therapy directed to the cervical spine. The number of sessions being requested is well within the recommendation of the Official Disability Guidelines, which are 10 visits over eight weeks. The decision for eight sessions of physical therapy to the cervical spine is reversed. The injured worker is not attending any therapy for the cervical spine. Medical records indicated that the injured worker previously had physical therapy but this was directed to the lumbar spine. More so, the requested number of sessions is in accordance to the prescription of the guidelines. Therefore, this request is medically necessary.