

Case Number:	CM14-0140385		
Date Assigned:	09/10/2014	Date of Injury:	04/16/2004
Decision Date:	11/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 4/16/04 date of injury and posterior cervical fusion on 7/26/13. At the time (7/7/14) of request for authorization for PT x 8 to Thoracic/Lumbar Spine, MRI Lumbar & Thoracic Spine, and Weight Loss Program there is documentation of subjective (neck and low back pain) and objective (hyperesthesia around the cervical fusion site, paraspinal spasm, decreased range of motion of the lumbar spine, facet tenderness, decreased sensation at the C6 dermatome, left L5 and S1, weakness in the legs due to pain, and decreased sensation in the L5/S1 distribution) findings, imaging findings (Reported MRI of the lumbar spine (11/12/04) revealed grade I spondylolisthesis secondary to Spondylolysis at L5-S1 without stenosis; report not available for review). Reported MRI of the thoracic spine (8/3/12) revealed mild supraspinatus tendinosis, unchanged since the previous study; minimal subdeltoid bursal fluid consistent with bursitis; no evidence of rotator cuff treat; small subcortical cystic changes in the superolateral humeral head consistent with synovial pitting, unchanged; report not available for review), current diagnoses (lumbar radiculopathy, bilateral L5/S1 Spondylolysis, bilateral shoulders impingement/bursitis, and bilateral knees osteoarthritis), and treatment to date (8 sessions of lumbar spine physical therapy, acupuncture, and medications). Regarding PT x 8 to Thoracic/Lumbar Spine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy to date. Regarding MRI Lumbar & Thoracic Spine, there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging

is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding Weight Loss Program, there is no documentation of documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 kg/m when the following criteria are met (BMI greater than or equal to 30 kg/m and one or more of the following comorbid conditions (coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL)).

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 8 to Thoracic/Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, bilateral L5/S1 Spondylolysis, bilateral shoulders impingement/bursitis, and bilateral knees osteoarthritis. However, given documentation of previous physical therapy treatment, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy to date. In addition, given that the requested 8 additional physical therapy treatments, in addition to the 8 previous treatments already completed, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on

guidelines and a review of the evidence, the request for PT x 8 to Thoracic/Lumbar Spine is not medically necessary.

MRI Lumbar & Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Magnetic Resonance Imaging (MRI) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, bilateral L5/S1 Spondylolysis, bilateral shoulders impingement/bursitis, and bilateral knees osteoarthritis. However, given documentation of imaging findings (Reported MRI of the lumbar spine (11/12/04) revealed grade I spondylolisthesis secondary to Spondylolysis at L5-S1 without stenosis; report not available for review), there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI Lumbar & Thoracic Spine is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0039.html

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI** greater than or equal to 30 kg/ or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL), as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, bilateral L5/S1 Spondylolysis, bilateral shoulders impingement/bursitis, and bilateral knees osteoarthritis. In addition, there is documentation of BMI equal to 27kg/m. However, there is no documentation of documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 kg/m when the following criteria are met (BMI greater than or equal to 30 kg/m and one or more of the following comorbid conditions (coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL)). Therefore, based on guidelines and a review of the evidence, the request for Weight Loss Program is not medically necessary.