MAXIMUS Federal Services

Case Number:	CM14-0152976		
Date Assigned:	09/23/2014	Date of Injury:	04/27/2014
Decision Date:	12/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 30-year-old female who reported an injury on 08/30/1984. The injured worker stated that she had lifted a box of juices that weighed approximately 15 pounds and as she was about to sit it down on 1 of the racks, she twisted slightly to the left and that is when she felt a sudden sharp pain that shot down to her right shoulder to her mid and lower back. Diagnoses were cervicalgia, cervical disc syndrome, cervical myofascitis/myositis, thoracalgia, lumbar disc bulging, lumbar myofascitis, lumbar muscle spasms, sacroiliac joint inflammation and post-traumatic gastritis from medication. The injured worker had complaints of posterior neck pain, which began at the time of the accident. It was reported that it radiated into the right side, trapezius and rhomboid region. The injured worker rated the pain as a 7/10. Cervical spine range of motion flexion was to 40 degrees, extension to 40 degrees, lateral flexion to the right was 35 degrees, and lateral flexion to the left was to 35 degrees. There was a negative Spurling's maneuver bilaterally. Lumbar spine range of motion flexion was to 40 degrees, extension to 15 degrees, lateral right was to 15 degrees, and lateral left was to 20 degrees. There was a negative straight leg raise on the left. Upper and lower reflexes were normal. Dermatomes in the upper extremities were equal, dermatomes in the lower extremity on the left and right were equal. Cervical compression, foraminal compression, bilaterally and Jackson's compression bilaterally, and Soto Hall test were positive. Shoulder depressor was positive on the left and right. Spurling's produced negative results. Hibb's left test, Hibb's right test, Yeoman's left test, Yeoman's right test were all noted to be positive. The injured worker had an MRI of the lumbar spine without contrast on 06/30/2014, which revealed multilevel degenerative endplate Schmorl's node changes of the inferior endplate of T11, T12, superior and inferior endplates of L1, L2, L3, L4, and superior endplate of L5. Multilevel diffuse posterior disc bulge at T11-L5 and L5-S1, with minimal narrowing of the right and left foramina at L3-4 and L4-5. Clinical

correlation suggested ruling out the nerve root impingement. MRI of the cervical spine without contrast on 06/30/2014, revealed minimal diffuse posterior disc bulge measuring 2 mm to 3 mm at C5-6 and C6-7 disc levels, with no evidence of neural foramina narrowing. Clinical correlation suggested ruling out nerve root impingement. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The decision for MRI Cervical is not medically necessary. The CA MTUS/ACOEM states that the criteria for ordering imaging studies are emergence of red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The injured worker has an MRI of the cervical spine dated 06/30/2014. The request does not indicate if this is a retrospective request. There were no red flag signs or symptoms on physical examination. There was no rationale provided to support the request for an additional MRI of the cervical spine. Therefore, this request is not medically necessary.

MRI Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines.

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

Decision rationale: The decision for MRI Lumbar is not medically necessary. The CA MTUS/ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients 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. Indiscriminant imaging will result in false

positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The injured worker has an MRI of the lumbar spine dated 06/30/2014. The request does not indicate if this is a retrospective request. There were no red flag signs or symptoms on physical examination. There was no rationale provided to support the request for an additional MRI of the lumbar spine. Therefore, this request is not medically necessary.

Physical medicine Therapeutic 2x3, cervical lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The decision for Physical MedicineTherapeutic2x3, cervical lumbar is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request does not indicate a quantity. Therefore, this request is not medically necessary.