MAXIMUS Federal Services

Case Number:	CM14-0156889		
Date Assigned:	09/26/2014	Date of Injury:	12/27/2011
Decision Date:	11/25/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Pain 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 patient is a 62 year old female who sustained an industrial injury on 12/27/2011. She injured her low back, left hip and bilateral knees after lifting 6 boxes full of mail. The prior peer review completed on 9/9/2014 modified the request for physical therapy, to certify 6 PT visits for cervical spine. The requests for cervical MRI, lumbar MRI and referral to vascular surgeon were non-certified as the medical necessity was not established. The 9/3/2013 EMG/NCV study showed mid bilateral carpal tunnel syndrome. According to the 8/26/2014 progress report, in addition to ongoing complaints of bilateral knees and low back pain rated 8/10, now the patient also complains of cervical spine pain, rated 7/10. Relevant examination findings include guarded and restricted lumbar flexion/extension, paresthesia in the L5, S1 and C6, C7 dermatomes with 4/5 muscle strength in the L5, S1 myotomes, cervical tenderness with spasm, positive axial loading and Spurling's. Diagnoses are lumbago, cervical disc displacement and internal derangement knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI -cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD) MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The CA MTUS ACOEM guidelines state the criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The medical records indicate the patient's cervical pain is a new complaint with no prior history of treatment. The medical records do not reveal neurological findings that suggest consistent neurological deficit. There is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. The medical records do not support that the patient has a persistent complaint and clinical findings indicative of a compressive neurological deficit in the cervical spine. Furthermore, failure of conservative care is not established. The patient has been authorized recommended an initial course of 6 PT sessions. The request for Cervical MRI is not medically necessary.

Referral to a Vascular Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92,79.

Decision rationale: The CA MTUS ACOEM guidelines state "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The CA MTUS ACOEM guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The purpose and rationale for referral to a vascular surgeon is not evident. Furthermore, review of the 6/6/2014 AME report and 5/27/2014 supplemental AME report does not reveal any recommendation of the AME for vascular surgeon referral. The documented examination findings and clinical history do not support a vascular surgeon referral. The request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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, MRIs (magnetic resonance imaging)

Decision rationale: According to the CA MTUS guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who surgery is considered an option. According to the records, the patient underwent lumbar MRI study on 2/4/2013, and an EMG that confirmed bilateral lower extremity L5 radiculopathies. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review the medical records does not reveal any significant change in the patient's symptoms or findings to suggest significant pathology is present. The request for lumbar MRI is not supported by the guidelines, and is not medically necessary.

Physical Therapy - lumbar and cervical spine x 12, 3 x 4: 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): 58-59.

Decision rationale: The patient is several years post-date of injury. The patient has been treated for chronic lumbar and knee complaint. The CA MTUS guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient should be able to use the instruction obtained from supervised PT and apply independently within a home exercise program. There is no evidence of significant change or worsening of her lumbar complaint to warrant a return to physical therapy. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.