

Case Number:	CM14-0203047		
Date Assigned:	12/15/2014	Date of Injury:	03/20/2014
Decision Date:	12/19/2014	UR Denial Date:	11/07/2014
Priority:	Expedited	Application Received:	12/04/2014

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:

Patient is a 51 year-old female with date of injury 03/20/2014. The medical documents associated with the request for authorization, a primary treating physician's progress report, dated 10/07/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. MRI of the lumbar spine performed on 04/21/2014 was notable for decreased disk height, disk desiccation, and degenerative marrow changes with anterior, lateral, and posterior osteophytes at the L5-S1 level; and associated moderate to marked narrowing of the L5 neural foramina bilaterally. The PR-2 provided for review was handwritten and illegible. Objective findings: Provider did not include objective findings in the PR-2 associated with the request for authorization. Diagnosis: 1. Lumbosacral IVD syndrome with radiculopathy 2. Cervical IVD syndrome with radiculopathy 3. Right shoulder internal derangement 4. Right wrist sprain/strain. Patient has completed at least 16 sessions of physical therapy to date. It was noted that the patient also completed acupuncture sessions, but the number of visits was not documented by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Low Back, Neck and Shoulder Chapters and <http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is mention made in the medical record that the patient has undergone 16 physical therapy visits which provided very little relief of her pain, and no functional improvement. There is no documentation of functional improvement in the treating physician's notes. Therefore, the request for Physical Therapy 2 x week for 6 weeks 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), Minnesota Rules, Parameters for Medical Imaging.

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

Decision rationale: The MTUS 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. The patient's previous lumbar MRI showed degenerative disc disease, with bilateral L4-5 foraminal stenosis which explains her L5 radiculopathy. Her symptoms have remained unchanged. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant a repeat MRI of the lumbar spine. Therefore, the request for MRI lumbar spine is not medically necessary.

X-ray lumbar spine: Upheld

Claims Administrator 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), Indications for Imaging - Plain X-Ray, Low Back Chapter,

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

Decision rationale: The MTUS states that radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a lumbar x-ray is indicated. Therefore, the request for X-ray of the lumbar spine is not medically necessary.

Acupuncture 1 x 6 (unspecified location): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Therefore, the request for acupuncture 1 x 6 (unspecified location) is not medically necessary.

Referral to pain management: Overturned

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 Chapter

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, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: According to the MTUS, a consultation is ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Although there is no clear documentation what the intended purpose of a pain management consultation is for this patient, I will assume based on the medical record that the patient has been referred for lumbar epidural steroid injections. This is reasonable based on the lumbar MRI findings and may alleviate the patient's bilateral L5 lumbar radiculopathy. I am reversing the previous utilization review decision. Therefore, the request for referral to pain management is medically necessary.