

Case Number:	CM14-0030933		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2005
Decision Date:	09/10/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery 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 69-year-old female who was reportedly injured on June 6, 2005. The mechanism of injury was noted as a fall. The most recent progress note dated February 10, 2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated tenderness to palpation, cervical spine muscle spasm, a decreased range of motion of the cervical spine, a decreased range of motion of the lumbar spine and decreased motor function of the bilateral upper extremities (4/5). Diagnostic imaging studies were not reviewed. Previous treatment included extracorporeal shock wave therapy, physical therapy, multiple medications, chiropractic care and injections. A request was made for multiple x-rays and other imaging studies and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, radiography (x-rays).

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) cervical and thoracic spine disorders (electronically cited).

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date and the most recent physical examination, there was no clinical indication of any progressive neurological disorder, paresthesias or other changes to support the need for repeat imaging studies. There has been no apparent attempt to review the films obtained at the time of injury. The medical necessity for such films has not been established.

X-rays of the lumbar spine: Upheld

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

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) cervical and thoracic spine disorders (electronically cited).

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date and the most recent physical examination, there was no clinical indication of any progressive neurological disorder, paresthesias or other changes to support the need for repeat imaging studies. There has been no apparent attempt to review the films obtained at the time of injury. The medical necessity for such films has not been established.

MRI of the Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic spine disorders (electronically cited).

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine guidelines, a magnetic resonance image in the subacute phase requires progressive neurological deficit. Based on the physical examination report, that was noted. Furthermore, previous letter diagnostic assessments did not identify any specific findings. Therefore, based on the limited clinical information presented for review, the medical necessity for this study is not presented.

MRI of the lumbar spine without contrast: Upheld

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

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) Lumbar spine disorders-diagnostic investigations (electronically cited).

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine guidelines, a magnetic resonance image in the subacute phase requires progressive neurological deficit. Based on the physical examination report, that was noted. Furthermore, previous letter diagnostic assessments did not identify any specific findings. Therefore, based on the limited clinical information presented for review, the medical necessity for this study is not presented.

Electromyogram (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography).

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) low back disorders-diagnostic investigations (electronically cited).

Decision rationale: When considering the date of injury, the mechanism of injury, the injury sustained, the objective imaging studies and other diagnostic testing completed in the past and by the lack of increasing neurological deficits or questions as to any compromise, there was insufficient clinical evidence presented to support the need of this study. There was no physical examination evidence of radiculopathy, spinal stenosis or peripheral neuropathy. As such, the medical necessity of this test is not established..

Nerve Conduction Velocity (NCV) study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS).

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) low back disorders-diagnostic investigations (electronically cited).

Decision rationale: When considering the date of injury, the mechanism of injury, the injury sustained, the objective imaging studies and other diagnostic testing completed in the past and by the lack of increasing neurological deficits or questions as to any compromise, there was insufficient clinical evidence presented to support the need of this study. There was no physical

examination evidence of radiculopathy, spinal stenosis or peripheral neuropathy. As such, the medical necessity of this test is not established.

Interferential (IF) unit for the cervical and lumbar spines: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 118-120.

Decision rationale: This modality is noted within the California Medical Treatment Utilization Schedule as being not recommended as an isolated intervention. There is no qualitative evidence of the effectiveness, efficacy or utility of such intervention. When noting that this is a decade-old injury and the findings on physical examination support ordinary disease of life degenerative changes alone, such interventions are not supported by the literature.

Hot and Cold Unit for the cervical and lumbar spines: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Heat/Cold applications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162 and 300.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, heat/cold packs are indicated in the first few days after acute complaint. After that, there was no specific recommendation. Given that this injury is really a decade old and noting the findings on physical examination, this is insufficient clinical evidence suggesting cold applications of any efficacy at this time. As such, the medical necessity has not been established.

Aquatic Therapy 2 times per week for 6 weeks, in treatment of the cervical and lumbar spines: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 22.

Decision rationale: While noting that this is an optional form of exercise therapy, there was no clinical information presented why a land-based physical therapy protocol could not be employed to address the ongoing complaints. Furthermore, it was not noted if there were any comorbidities or other issues interfering with appropriate land-based therapy. Therefore, based

on the lack of clinical information, there was insufficient evidence to establish the medical necessity for this intervention.