

Case Number:	CM14-0039459		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2011
Decision Date:	08/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/03/2014

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 59 year old male who reported an injury on 01/16/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the bilateral shoulders, cervical spine, lumbar spine, and right foot. The injured worker was evaluated on 02/27/2014. It was noted that injured worker continued to have pain complaints and requested further evaluation and treatment which was out of the scope of practice of the requesting provider. Therefore, a referral was being made for orthopedic consultation. It was also noted that the injured worker had participated in physical therapy directed towards the lumbar spine; however, he had continued complaints of numbness and tingling radiating into the legs with difficulty with prolonged activities. Physical findings of the lumbar spine documented paraspinal muscle tenderness with painful range of motion and a positive straight leg raising test. It was also recommended that the injured worker see a spine specialist for the cervical and lumbar spine complaints as this was reportedly out of the treating provider's scope of practice. The injured worker was evaluated on 05/22/2014. It was noted that the treating provider's Request for Authorization of a spine consultation for the cervical and lumbar spine, physical therapy, lumbar MRI, and orthopedic evaluation for the right ankle was not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Procedure Summary- Indication for magnetic resonance imaging.

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

Decision rationale: The ACOEM Guidelines recommends MRIs of the lumbar spine when there is definitive evidence of radiculopathy that would require further diagnostic evaluation. The clinical documentation does indicate that the injured worker had an injury of the lumbar spine for an extended period of time. Also, it is noted within the documentation's physical examination findings that the injured worker has a positive straight leg raising test. However, there is no documentation of physical examination findings of radiculopathy consistent with specific dermatomal distributions that would support the need for an MRI. As such, the requested MRI of the lumbar spine is not medically necessary and appropriate.

Continued physical therapy x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Procedure Summary-physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has previously participated in skilled physical therapy and should be well versed in a home exercise program. Therefore, continued supervised therapy would not be indicated in this clinical situation. As such, the requested physical therapy times 6 for the lumbar spine is not medically necessary and appropriate.

Consultation with an Orthopedic spine specialist for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 194-195. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck & Upper Back Procedure Summary- office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The ACOEM Guidelines recommends specialty consultations when an injured worker's injury is complicated and additional expertise would contribute to treatment planning. The clinical documentation submitted for review does not provided evidence that the patient has exhausted all diagnostic and conservative treatments within their scope of practice. It

is noted within the documentation that the treating provider feels that continued treatment would be outside of his scope of practice; however, he continues to order treatment for this injury. Therefore, the need for outside consultation is not clearly supported. As such, the request is not medically necessary and appropriate.

Consultation with an Orthopedist for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Ankle & Foot Procedure Summary- office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 5 Page(s): 89-92.

Decision rationale: The ACOEM Guidelines recommends specialty consultations for injured workers at risk for delayed recovery that would benefit from additional expertise in treatment planning. The clinical documentation submitted for review does not provide evidence that the treating provider has exhausted all conservative and diagnostic resources within his scope of practice and would require additional expertise that could be provided by an orthopedic specialist. There is no documentation that the injured worker is a surgical candidate at this time. As such, the requested consultation with an orthopedist for the right foot is not medically necessary or appropriate.

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Procedure Summary- topical Voltaren.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The MTUS Chronic Pain Guidelines recommends short courses of nonsteroidal anti-inflammatory topical agents whenever oral formulations are contraindicated to the injured worker. The clinical documentation does indicate that the injured worker has gastritis related to oral intake of non-steroidal anti-inflammatory drugs. Therefore, a short course of this medication would be indicated. However, the MTUS Chronic Pain Guidelines does not recommend the use of this medication for spine pain. As this is one of the injured worker's pain generators, specific documentation of body parts would need to be provided. The request as it is submitted does not specifically identify a body part for application or a dosage or duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.