

<b>Case Number:</b>	CM14-0052349		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 43-year-old female who has submitted a claim for neck sprain with radiculopathy, and lumbar sprain with radiculopathy associated with an industrial injury date of 04/25/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, graded 4/10 in severity, radiating to bilateral lower extremities, described as numbness and tingling sensation. Physical examination showed tender paracervical and paralumbar muscles. Range of motion was normal. Motor strength of left extensor hallucis longus was graded 4/5. Hyporeflexia of bilateral knees was noted. Straight leg raise test was positive at the right. Sensation was diminished at bilateral anterolateral legs. MRI of the lumbar spine, dated 01/07/2014, demonstrated mild degenerative changes, mild bilateral facet arthropathy at L5-S1 with mild diffuse disc bulge and a superimposed small 2 mm right paracentral disc protrusion with an annular fissure resulting in mild right-sided neural foraminal stenosis. MRI of the cervical spine, dated 01/07/2014, demonstrated mild multilevel degenerative changes and straightening of the cervical curvature; and no significant spinal canal or neural foraminal stenosis. EMG/NCV of bilateral lower extremities, dated 11/07/2013, was unremarkable. Treatment to date has included lumbar epidural steroid injection, acupuncture, physical therapy, and medications such as Norco, gabapentin, and Flexeril. Utilization review from 03/27/2014 denied the request for cervical X-rays because of insufficient documentation of physical findings to warrant this study; denied lumbar x-rays because there were no red flag conditions; denied physical therapy for the cervical lumbar spine, 2 times a week for 6 weeks, QTY: 12 because there was no documentation of symptomatic or functional improvement from previous therapy sessions; home exercise kit for the lumbar spine because there was no documentation of the constituent parts of the kit; and denied initial orthopedist consultation

because there was insufficient documentation of red flags on the physical exam to warrant authorization of such.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical X-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, guidelines support x-ray of the cervical spine in patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. In this case, x-ray of the cervical spine was requested; however, there was no documented rationale based on the records submitted. A report from 12/13/2013 cited that patient underwent X-rays in July 2013; however, the official result was not made available for review. There was no worsening of subjective complaints and objective findings that may warrant repeat x-ray. Therefore, request for X-ray of the cervical spine is not medically necessary.

**Lumbar x-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, x-ray of the lumbar spine was requested; however, there was no documented rationale based on the records submitted. A report from 12/13/2013 cited that patient underwent X-rays in July 2013; however, the official result was not made available for review. There was no worsening of subjective complaints and objective findings that may warrant repeat x-ray. Therefore, request for X-ray of the lumbar spine is not medically necessary.

**Physical therapy for the cervical lumbar spine, 2 times a week for 6 weeks, QTY: 12:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, records submitted showed that patient initially attended a course of physical therapy. However, the number of visits completed, as well as functional outcomes was not documented. The medical necessity of additional PT visits cannot be established due to insufficient information. Therefore, the request for Physical therapy for the cervical lumbar spine, 2 times a week for 6 weeks, qty: 12 is not medically necessary.

**Home exercise kit for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, there was no documented rationale for the request. It is likewise unclear what specific home equipment is being requested. The medical necessity cannot be established due to insufficient information. Therefore, the request for Home exercise kit for the lumbar spine is not medically necessary.

**Initial orthopedist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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(s) 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient is already being seen by an orthopedist since 2013. The last visit was dated 02/18/2014 and she was advised to remain off work for an additional 6 weeks. It is unclear why a second opinion is necessary due to lack of documented rationale. Therefore, the request for Initial orthopedist consultation is not medically necessary.