

Case Number:	CM14-0079772		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2012
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 05/02/2012. The injury reportedly occurred when a coworker shoved her. She is diagnosed with cervical spine musculoligamentous sprain/strain and lumbar spine musculoligamentous sprain/strain. Her past treatments were noted to include psychological treatment with weekly meetings and activity modification. X-rays performed on 05/02/2014, were noted to reveal minimal disc height at the L4-5 level in the lumbar spine and moderate to severe degenerative disc disease at C2-7 in the cervical spine. On 05/02/2014, the injured worker reported neck pain with radiation to upper shoulders, as well as low back pain. Her physical examination of the cervical spine revealed decreased range of motion with flexion to 30 degrees, extension to 41 degrees, right rotation to 68 degrees, left rotation to 66 degrees, right lateral flexion to 35 degrees and left lateral flexion to 35 degrees. The physical examination of the lumbar spine revealed decreased range of motion to 45 degrees flexion, 12 degrees extension, 18 degrees right side bending and 20 degrees left side bending. Her motor strength was noted to be normal in the bilateral upper and lower extremities. The treatment plan included prescription medications, x-rays of the cervical and lumbar spine, psychiatric consultation and physical therapy for the neck and low back. The physical therapy was recommended in order to increase activities of daily living and range of motion. A clear rationale for the requested x-rays was not provided, as it was noted the x-rays of the cervical and lumbar spine had been obtained at that visit. The Request for Authorization form was submitted on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy neck and upper back QTY:12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation 5th Edition 2007 or current year (Neck and Upper Back see Physical Therapy) Physical therapy (PT) ODG Physical Therapy Guidelines.

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

Decision rationale: According to the California MTUS Guidelines up to 10 visits of physical therapy may be recommended in the treatment of unspecified radiculitis and unspecified myalgia to promote functional gains. The clinical information submitted for review indicated that the injured worker has decreased range of motion in the cervical spine, as well as the lumbar spine. However, documentation was not provided to indicate whether the injured worker has previously been treated with physical therapy and whether she obtained functional gains. In the absence of this information it is unclear whether additional physical therapy treatment would be supported. In addition, the request for 12 visits exceeds the guideline recommendations for a maximum of 10 visits in the treatment of the injured worker's conditions. Therefore, the request for physical therapy is not medically necessary.

X-rays Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182 Table 8-8. Decision based on Non-MTUS Citation ODG Treatment Intergrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chonic) (updated 12/21/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the California MTUS/ACOEM Guidelines, imaging studies for neck and upper back problems are not supported unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or for clarification of the anatomy prior to invasive procedure. The clinical information submitted for review indicated that the injured worker has neck pain with radiation to the upper shoulders. X-rays obtained at the time of her 05/02/2014, visit were noted to reveal evidence of degenerative disc disease at C2-7. However, the documentation failed to indicate whether or not the injured worker has tried and adequate period of conservative care and observation. In addition, as she had x-rays at her 05/02/2014, visit further clarification is needed regarding the request for additional x-rays of the cervical spine. In the absence of further documentation regarding a rationale for this request, the request is not supported. As such, the request for x-rays of the cervical spine is not medically necessary.

X-rays Lumbar Spine performed: Upheld

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

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

Decision rationale: According the California MTUS/ACOEM Guidelines lumbar x-rays are not supported for patients with low back pain in the absence of red flags for serious spinal pathology, even when pain persists for more than 6 weeks. The clinical information submitted for review indicates that the injured worker has low back pain and x-rays performed on 05/02/2014, revealed evidence of minimal disc height at the L4-5 level. However, a clear rationale for the requested additional lumbar spine x-rays was not provided. Moreover, the documentation did not indicate whether the injured worker has previously completed conservative treatment for an adequate period of time prior to imaging. In the absence of further documentation, a clear rationale for additional x-rays, as the injured worker had x-rays on 05/02/2014, the request is not supported. As such, the request is not medically necessary.