

Case Number:	CM14-0083510		
Date Assigned:	07/21/2014	Date of Injury:	07/07/2013
Decision Date:	09/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 53 year old male who reported an injury on 07/07/2013 due to repetitive motion. The injured worker was diagnosed with cervical disc herniation with myelopathy, lumbar spondylosis without myelopathy, and right ankle sprain/strain. Prior treatments included physical therapy and a 1 month rental of a Transcutaneous Electrical Neural Stimulation (TENS) unit. The clinical note dated 04/01/2014 noted cervical spine range of motion demonstrated flexion was painful at 42/55, extension was painful at 31/45, left bending was painful at 20/40, right bending was painful at 20/55, left rotation was painful at 27/80 and right rotation was painful at 33/80. Lumbar spine range of motion demonstrated flexion was painful at 15/60, extension was painful at 5/25, left bending was painful at 5/25, right bending was painful at 9/25, left rotation was painful at 10/30, and right rotation was pain free at 10/30. The physician noted cervical dermatomes were equal bilaterally to light touch and myotomes were within normal limits bilaterally. The physician noted Kemp's test was positive bilaterally and straight leg test was negative bilaterally. The physician noted bilateral lower extremity reflexes were +2 bilaterally and lumbar dermatomes were equal bilaterally to light touch and lumbar spine myotomes were within normal limits. The clinical note dated 05/07/2014 noted the injured worker had improvements in range of motion since 04/01/2014. Cervical spine range of motion demonstrated flexion was painful at 50/55, extension was painful at 40/45, left bending was painful at 30/40, right bending was painful at 30/55, left rotation and right rotation were both painful at 40/80. Lumbar spine range of motion demonstrated flexion was painful at 30/60, extension, left bending, and right bending were painful at 15/25, and left rotation and right rotation were painful at 10/30. The physician noted the injured worker underwent prior back surgery at an unspecified date. The cervical spine had constant severe sharp pain aggravated with movement. The injured worker reported pain radiated to the shoulders on the right side

more than left. The injured worker had lumbar spine complaints of constant, sharp, severe pain that was aggravated by bending forward or back and the pain radiates to the hips bilaterally. The injured worker reported he was unable to perform activities of daily living without pain. The physician did not indicate the injured worker's medication regimen. The physician's treatment plan included recommendations to continue with a series of home exercises as part of the patient education plan, apply for a 1 month rental of a TENS unit for the patient in order to decrease pain and muscle spasm, a lumbosacral orthosis was prescribed in order to stabilize the lumbar spine and promote healing. The physician indicated the injured worker would return to work on work restrictions pertaining to the amount of lifting, bending, sitting and standing. The physician was seeking work conditioning/hardening screening evaluation quantity 1, work conditioning/hardening 10 sessions, MRI 3D of the cervical spine, and MRI 3D of the lumbar spine. The rationale was to assist restoring the injured worker and to further assist the condition of the cervical and lumbar spine. The Request for Authorization Form was signed on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening screening evaluation 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California Workers' Compensation Official Medical Fee Schedule page 503 to 504.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening and Its Criteria Page(s): 125, 126.

Decision rationale: The request for work conditioning/hardening screening evaluation 1 each is not medically necessary. The California MTUS guidelines recommend work hardening for injured workers with work related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The guidelines recommend work hardening after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, when injured workers are not likely to benefit from continued physical or occupational therapy, or general conditioning. There must be documentation indicating a specific job to return to with job demands that exceed abilities and the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. Work Hardening Programs should be completed in 4 weeks consecutively or less and treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The California MTUS guidelines note participation in a work conditioning program, as with all physical medicine programs, does not preclude concurrently being at work.

The guidelines recommend 10 visits over 8 weeks. The physician notes the injured worker is unable to perform activities of daily living without increased pain indicating the inability to function safely at medium or higher levels. Conservative care has failed. The physician visits have documented no subjective and slight objective gains in measurable improvement in functional abilities. There is a lack of documentation indicating the injured worker made significant improvements over the course of physical therapy followed by a plateau. There is a lack of documentation indicating there are any psychosocial issues present. As such, the request is not medically necessary.

Work conditioning/hardening 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California Workers' Compensation Official Medical Fee Schedule, 4/1/1999 revision, page 503 to 504.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening and Its Criteria Page(s): 125, 126.

Decision rationale: The request for work conditioning/hardening 10 sessions is not medically necessary. The California MTUS guidelines recommend work hardening for injured workers with work related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The guidelines recommend work hardening after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, when injured workers are not likely to benefit from continued physical or occupational therapy or general conditioning. There must be documentation indicating a specific job to return to with job demands that exceed abilities and the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. Work Hardening Programs should be completed in 4 weeks consecutively or less and treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The California MTUS guidelines note participation in a work conditioning program, as with all physical medicine programs, does not preclude concurrently being at work. The guidelines recommend 10 visits over 8 weeks. The physician notes the injured worker is unable to perform activities of daily living without increased pain indicating the inability to function safely at medium or higher levels. Conservative care has failed. The physician visits have documented no subjective and slight objective gains in measurable improvement in functional abilities. There is a lack of documentation indicating the injured worker made significant improvements over the course of physical therapy followed by a plateau. There is a lack of documentation indicating there are any psychosocial issues present. The requesting physician did not include a description of the injured worker's occupational requirements. The requesting physician did not include a

complete multidisciplinary evaluation including a functional evaluation and a psychosocial evaluation. As such, the request is not medically necessary.

MRI 3D of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: The request for an MRI 3D of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines for MRIs recommend this testing for subacute and chronic cervical nerve root compression with radiculopathy. An MRI is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The injured worker has radiating pain to the shoulders and bilateral upper extremities. There is a lack of documentation of significant findings of neurologic deficit upon physical exam including weakness, decreased sensation, decreased reflexes, and a positive Spurling's. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

MRI 3D of the Lumbar Spine: 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): 304, 309.

Decision rationale: The request for an MRI 3D version of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines for MRIs indicate magnetic resonance imaging studies are recommended for chronic failed back pain syndrome. MRI is the test of choice for patients with prior back surgery. Subjective findings indicated radiating pain to the lower extremities. There is a lack of documentation of significant findings of neurologic deficit upon physical exam including weakness, decreased sensation, decreased reflexes, and a positive straight leg raise. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.