MAXIMUS Federal Services

Case Number:	CM14-0092056		
Date Assigned:	07/25/2014	Date of Injury:	06/14/2013
Decision Date:	09/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 57-year-old male who reported an injury on 06/14/2013. The mechanism of injury was a motor vehicle accident. The diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy and cervical spine herniated nucleus pulposus with radiculopathy. The previous treatments included chiropractic sessions, physical therapy, HEP, injections, and medication. Previous diagnostic imaging studies included an MRI. Within the clinical note dated 04/11/2014 it was reported the injured worker complained of lumbar spine pain. He described the pain as dull and achy becoming sharp and stabbing with prolonged increased activities. The injured worker complained of stiff, sore, achy, and occasional pain and numbness to the bilateral upper extremities. Upon physical exam, the provider noted the range of motion was flexion at 40 degrees and extension at 50 degrees. The injured worker had tenderness to palpation of the upper trapezius and paravertebral muscle spasms. The injured worker had a positive cervical distraction and a maximal foraminal compression test. The provider noted the lumbar spine range of motion was flexion at 60 degrees and extension at 20 degrees. The injured worker had a positive bilateral straight leg raise. The provider requested for physical therapy and MRI of the lumbar spine and cervical spine. However, a rationale was not provided for clinical review. The request for authorization is provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X4 FOR THE L/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The request for physical therapy 2x4 for the lumbar spine is non-certified. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy. There is a lack of documentation demonstrating the injured worker had decreased functional ability or decreased strength or flexibility in the lumbar spine. Therefore, the request is not medically necessary.

MRI FOR THE C/S AND L/S: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-305, 177-179.

Decision rationale: The request for MRI of the cervical spine and lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment or who would consider surgery as an option. When the neurological examination is less clear however, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases for which surgery is considered where red flags diagnoses are being evaluated. The California MTUS Guidelines/ACOEM Guidelines not criteria for ordering imaging studies for the cervical spine include emergence of red flag diagnosis, psychological evidence of tissue insult, or neurological dysfunction., failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to the invasive procedure. There was a lack of documentation indicating neurological deficits of the lumbar and cervical spine to warrant further evaluation with imaging. There is a lack of documentation regarding the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. The rationale for the request was not provided for clinical review. Therefore, this request is not medically necessary.