

Case Number:	CM14-0184380		
Date Assigned:	11/12/2014	Date of Injury:	08/27/2002
Decision Date:	01/02/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Pain 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:

The injured worker is a 59 year-old female with a date of injury of August 27, 2002. The patient's industrially related diagnoses include cervicalgia, lumbago, lumbar spondylosis, lumbar/lumbosacral disc degeneration, shoulder acromioclavicular joint arthritis, shoulder impingement/bursitis, carpal tunnel syndrome, ankle/foot arthralgia, and knee degenerative osteoarthritis. The injured worker has had conservative treatment which includes medication, physical therapy, aqua therapy, cortisone injections, diagnostic tests, right knee surgery in November 2006, and left shoulder surgery in April 2010. EMG/NCV of BUE done on 11/18/2013 showed no evidence of active cervical radiculopathy in the bilateral upper extremities. The disputed issues are aqua therapy 2-3 times per week for 4-6 weeks for the lumbar spine, cervical spine MRI, lumbar spine MRI, and MRI of bilateral shoulders. A utilization review determination on 11/3/2014 had non-certified these requests. The stated rationale for the denial of aqua therapy was: "The claimant has had extensive physical therapy for this chronic condition. There was no subjective or objective benefit from physical therapy. In the medical records I reviewed there was no documentation this claimant was unable to tolerate land based therapy or land based home exercise program." The rationale for the denial of cervical and lumbar spine MRI was that the AP documented no red flag signs relative to the cervical and lumbar spine. The finding of the past MRI was not documented. No plans for treatment were documented. Lastly, the stated rationale for the denial of MRI of bilateral shoulders was, "Regarding shoulder MRI, other than noted pain, there are no red flag signs or any findings suggestive of possible surgical lesions such as impingement, rotator cuff tear, labral tear, etc., noted. No specific conservative treatment was noted for the right or left shoulder conditions such as corticosteroid injection. As such, the indication for an MRI of the bilateral shoulders at this point has not been clearly identified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two to three times a week for four to six weeks for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy, MTUS Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. MTUS guidelines further state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the submitted medical records available for review, there was no documentation indicating why the injured worker would require therapy in a reduced weight-bearing environment. The injured worker does not meet criteria for "extreme obesity" and has documentation of a weight of 178, height of 5'6", and BMI of 28.7 in a progress note dated 10/22/2014. The treating physician indicated that the injured worker had conservative treatment which included physical therapy and aqua therapy. However, there was no documentation regarding the number of physical/aquatic therapy sessions that were completed and what specific objective functional improvement had been obtained with the therapy sessions already provided. In the absence of clarity regarding these issues, the currently requested aquatic therapy 2-3 times a week for 4-6 weeks is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the submitted medical records available for review, there is no indication of any red flag diagnoses. The injured worker reports pain in the neck with radiating

pain to the trapezius muscles and shoulders and numbness and tingling along the sides of her neck. However, it does not appear that the injured worker has failed conservative treatment for at least 3 months since the documentation indicates that the pain is improved with physical therapy, warm baths, and medication. Additionally, there is no documentation of neurologic deficit of physical/neurologic examination besides diminished sensation in the nerve distribution of the medial nerve bilaterally consistent with bilateral mild compression of the median nerve at the carpal tunnel demonstrated on EMG/NCV of BUE done on 11/18/2013. However, the EMG showed no evidence of active cervical radiculopathy in the bilateral upper extremities. The treating physician noted that the injured worker previously had diagnostic tests but did not specify whether she had an MRI of the cervical spine. In light of these issues, medical necessity for a cervical MRI could not be established. Therefore, this request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Official Disability Guidelines states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the submitted medical records available for review, the injured worker had subjective complaints of mid to low back pain radiating to the right buttock and leg with numbness and tingling in the legs and feet. However, there was no documentation of any objective findings on physical/neurological examination that identified specific nerve compromise. The treating physician noted that the injured worker previously had diagnostic tests but did not specify whether she had an MRI of the lumbar spine. Additionally, there was no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding these issues, the currently requested lumbar MRI is not medically necessary.

MRI of the Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the right shoulder, MTUS ACOEM Guidelines recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Official Disability Guidelines recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the submitted medical records available for review, it was not evident that the injured worker has failed conservative treatment options and the documentation indicates that the pain is improved with rest, physical therapy, and medication. The documentation indicates that the injured worker had diagnostic tests previously and had left shoulder surgery in April of 2010 but unfortunately the specific reports are not available for review and it is unclear whether an MRI of bilateral shoulders was done at that time. However, there was no documentation indicating a significant change in pathology and symptoms since that time. Furthermore, there was no evidence of tissue insult or neurovascular dysfunction on physical examination and no suspicion of rotator cuff tear, impingement, instability, or labral tear. In the absence of clarity regarding these issues, the currently requested bilateral shoulder MRI is not medically necessary.