

Case Number:	CM14-0186598		
Date Assigned:	11/14/2014	Date of Injury:	02/27/2014
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Interventional Spine 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 patient is a 61-year-old male with a date of injury of 02/27/2014. According to progress report 10/01/2014, the patient fell off an extension ladder, losing consciousness. The patient was evaluated in the emergency room and underwent emergency left hip/pelvis surgery. The patient's treatment history consists of physical therapy, medications, x-rays, and various MRI studies. The patient is currently not working at this time. The patient's current complaints are of neck pain, back pain, left hip/pelvis, left knee, left ankle, and left foot pain. Examination of the cervical spine revealed tenderness in the posterior cervical, bilateral trapezial, and dorsal paravertebral musculature. Range of motion was decreased in all planes with noted pain. Sensory examination is significant for diminished sensation to pinprick along the lateral aspect of the right upper arm as well as the volar aspect of the right middle and ring finger. Phalen's test is positive in the right hand and negative in the left. Examination of the lumbar spine/pelvis revealed well-healed scar along the lateral flank extending almost to the area of the symphysis consistent with pelvic surgery. There was diffuse lower lumbar tenderness and obvious atrophy of the left thigh. On neurological examination of the lower extremities, motor examination showed grade 3/5 weakness of the left hip flexion. Sensory examination is significant for diminished sensation to pinprick along the anterior, medial, and lateral aspect of the left thigh. The listed diagnoses are: 1. History of pelvic fracture, requiring reconstruction. 2. History of left acetabular fracture. 3. Probable lumbar plexus injury, left side. 4. Right carpal tunnel syndrome. 5. Right shoulder impingement syndrome; rule out rotator cuff tear. 6. Cervical myofascial pain; rule out cervical radiculopathy. The treater states that he does not have a copy of the patient's medical records and would like to obtain one once it becomes available. He is requesting an MRI study of the cervical spine, EMS/NCV of the upper extremities,

the upper extremities, MRI study of the lumbar spine, CT scanning of the lumbar spine, EMG of the lower extremities, and continued psychological care. Utilization review denied the request on 10/17/2014. Treatment reports from 04/21/2014 through 10/01/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI'S of Lumbar spine and 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- low back, MRI'S Official Disability Guidelines= Neck and Upper back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: This patient is status post left hip fracture and subsequent surgery on 02/28/2014. The patient continues to complain of neck, low back, and upper extremity complaints. The current request is for Magnetic resonance imaging (MRI) of the lumbar spine and cervical spine. For the MRI of the lumbar spine, American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, Official Disability Guidelines (ODG) guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The medical records indicate that the patient underwent an MRI of the lumbar spine on 05/08/2014, which revealed mild left foraminal stenosis at levels L4 through S1. The patient also underwent x-ray of the lumbar spine on 10/01/2014 which showed "multiple fixation devices in the pelvis..." In this case, there are no new injuries, no significant changes in examination, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.

Lumbar spine computed tomography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-CT(computed tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, CT scans

Decision rationale: The patient underwent an MRI of the lumbar spine on 08/04/2014, which showed mild stenosis. On 10/01/2014, the patient underwent x-rays of the lumbar spine as well as his pelvis. In this case, CT scans are indicated when tumor, infection, or fracture are strongly suspected and there are no such concerns expressed. This request is not medically necessary and appropriate.

Continued psychological care with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines -mental illness and stress: office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding psychological treatments Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Behavioral interventions (CBT)

Decision rationale: This patient is status post left hip fracture and subsequent surgery on 02/28/2014. The patient continues to complain of neck, low back, and upper extremity complaints. The current request is for continued psychological care with psychologist. Progress report 10/01/2014 states that the patient is currently under the care of [REDACTED], psychologist, for depression and anxiety. Utilization review modified the certification to "one follow-up visit." The MTUS page 101 regarding psychological treatments states, "Recommended for appropriately-identified patients during treatment for chronic pain." Psychological treatments for depression are also recommended. Official Disability Guidelines (ODG) Guidelines support up to 13 to 20 sessions and up to 50 sessions in case of severe depression if progress is being made. According report dated 08/28/2014 by psychologist, [REDACTED], the patient had an initial evaluation on 07/31/2014 and "continues to meet criteria for post-traumatic stress disorder, chronic (309.81) with associated recurrent distressing night dreams, sweating, intense fear and nervousness, exacerbated startle response, and psychological distress..." It was noted that the patient is cooperative and participating actively in therapy. Recommendation was for additional 12 sessions once per week. The number of psychotherapy treatment received thus far is not indicated in the medical file. In this case, the treater does not provide documentation of functional improvement from prior sessions to consider additional treatment. This request is not medically necessary and appropriate.