

Case Number:	CM14-0193279		
Date Assigned:	12/01/2014	Date of Injury:	10/08/2013
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain with derivative complaints of psychological stress reportedly associated with an industrial injury of October 8, 2013. In a Utilization Review Report dated November 5, 2014, the claims administrator approved a left shoulder MRI, denied a lumbar MRI, denied six sessions of physical therapy, approved Pamelor, and approved four sessions of cognitive behavioral therapy. The claims administrator employed non-MTUS ODG guidelines in conjunction with MTUS guidelines in its decision to deny the lumbar MRI. The Utilization Review Report was some eight pages long. The claims administrator stated that its decisions were also based on RFA form and DFR dated October 29, 2014 and October 27, 2014, respectively. The applicant's attorney subsequently appealed. In a Doctor's First Report dated October 27, 2014, the applicant apparently transferred care to a new primary treating provider reporting multifocal complaints of low back, elbow, and shoulder pain, highly variable, 9/10. The applicant was not working. The applicant had completed 24 sessions of manipulative therapy to date as well as unspecified amounts of physical therapy, the new primary treating provider (PTP) acknowledged. The applicant did have a variety of comorbidities, including diabetes, dyslipidemia, sleep disturbance, anxiety, and depression. The applicant's medication list included Motrin, metformin, glipizide, Januvia, baclofen, and Zocor, it was acknowledged. X-rays of multiple body parts were endorsed. The applicant was placed off of work. Cognitive behavioral therapy, lumbar MRI imaging, shoulder MRI imaging, Pamelor, and physical therapy were sought. It was stated that the applicant had had a recent course of five sessions of physical therapy some ten months prior. The attending provider stated that he was ordering MRI imaging to rule out disk herniation, tumor, or nerve root impingement. The attending provider did

acknowledge that the applicant had negative straight leg raising bilaterally and well-preserved, 5/5 bilateral lower extremity strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the applicant was described on an office visit of October 27, 2014 as exhibiting well-preserved bilateral lower extremity strength, scored a 5/5 throughout. The applicant's well-preserved lower extremity motor function, thus, effectively argues against any condition for which surgical intervention might be indicated. There was, furthermore, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention involving the same. Therefore, the request is not medically necessary.

PT left shoulder and low back x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines - Lumbar Spine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Functional Restoration Approach to Chronic Pain Management section Page.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. The applicant failed to respond favorably to unspecified amounts of physical therapy over the course of the claim, including at least five prior sessions of treatment some 10 months prior, the applicant's current primary treating provider (PTP) acknowledged in his Doctor's First Report (DFR) dated October 27, 2014. The applicant remains dependent on analgesic medications, including Motrin 800 mg four times daily, the requesting provider acknowledged on October 27, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier

unspecified amounts of physical therapy treatment over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.