

Case Number:	CM14-0197541		
Date Assigned:	12/05/2014	Date of Injury:	07/10/2014
Decision Date:	01/22/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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:

This is a 57 years old female patient who sustained an injury on 7/10/2014. She sustained the injury while she was helping a patient, she slipped over water, falling against a wall and twisting her right knee and hitting her left foot against the wall. The current diagnosis includes neck sprain, thoracic sprain, lumbar sprain, bilateral knee sprain and left ankle/foot sprain. Per the doctor's note dated 9/2/2014, she had complaints of cervical spine pain with radiation to the bilateral shoulders, low back pain with radiation to legs with tingling and numbness, bilateral knee pain and left foot pain. The physical examination revealed cervical spine- tenderness over the bilateral cervical paraspinal and bilateral upper trapezius muscles, the range of motion of the cervical spine: flexion at 40 degrees, extension at 45 degrees, right rotation at 40 and left rotation at 60 degrees and bilateral lateral flexion at 20 degrees with pain, positive foraminal compression bilaterally; the lumbar spine: tenderness over the lumbar paraspinal, gluteal and sacroiliac joint bilaterally, tenderness over the L1, L3, L4 and L5, the range of motion of the lumbar spine: flexion at 40 degrees, extension at 10 degrees and bilateral lateral flexion at 10 degrees with pain, positive straight leg raise test and Kemp's test bilaterally, hyperesthesia in C6, C7 and C8 on the left side, 5/5 motor strength in all areas of the upper extremity, 2+ reflexes in the biceps, brachioradialis and triceps muscles; the motor examination in the lower extremity- a grade of 5-5 in all areas bilaterally and 1+ patellar and Achilles reflexes bilaterally. The medications list includes Mobic, Motrin, Lidocaine patch, Gabapentin and Flexeril. She has had X-rays for lumbar spine on 8/19/2014 which revealed 75% loss of height of the L1 vertebral body status post vertebroplasty, facet arthropathy at L5-S1 and moderate loss of disc space at L 1-2; X-rays for cervical spine on 8/19/2014 which revealed mild disc space narrowing at C5-6 with osteophyte formation and congenital fusion at C2-3; X-rays for thoracic spine on 8/19/2014 which revealed 75% loss of height of the L 1 vertebral body status post vertebroplasty and X-

rays for left foot on 8/19/2014 which revealed cortical irregularity of the first metatarsal head and bunion deformity and dorsal and plantar calcaneal spurs. She had undergone left foot bunion surgery on 9/18/2013, right foot surgery, spine surgery in 2005, vertebroplasty and gall bladder removal. She has been certified for 10 physical therapy visits for this injury. She has had urine drug screen on 8/19/14 which was inconsistent for Cyclobenzaprine.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)."The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Patient has been certified for 10 physical therapy visits for this injury. Response to a complete course of conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of MRI Lumbar spine is not fully established for this patient at this juncture and therefore not medically necessary.

MRI Thoracic Spine: 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 (ODG), Neck & Upper Back (updated 08/04/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

Decision rationale: Per the ACOEM chapter 8 guidelines cited above "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." In addition per the cited guidelines indication for thoracic MRI includes "Upper back/thoracic spine trauma with neurological deficit." The record provided does not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. A detailed examination of thoracic spine with significant objective findings is not specified in the records provided. Response to complete course of conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of an MRI Thoracic Spine is not established for this patient at this time. Therefore the request is not medically necessary.

PT x 8, Cervical Spine, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - Lumbar & Thoracic (updated 08/04/2014), and Low Back (updated 08/22/2014), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She has been certified for 10 physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of PT, Cervical Spine, and Lumbar Spine is not established for this patient at this time. Therefore the request is not medically necessary.