

Case Number:	CM14-0205072		
Date Assigned:	12/17/2014	Date of Injury:	11/04/2009
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 53 year old patient with date of injury of 11/04/2009. Medical records indicate the patient is undergoing treatment for cervical pain, lumbar spine degenerative disc disease, low back pain and shoulder pain. Subjective complaints include neck, low back, right shoulder, bilateral knees and feet pain; neck pain radiates to bilateral upper extremities; low back pain radiates to bilateral lower extremities; numbness and tingling in right arm, bilateral hands, feet and bilateral legs; pain described as severe, sharp, throbbing, pressure-like, shooting, electric-like and burning and rated 7-8/10 at worst and 5/10 at best. Objective findings include cervical spine range of motion (ROM) - flexion 30 degrees, right and left lateral bending 20 degrees; cervical facet loading positive on right; lumbar range of motion 0 flexion 40 degrees, right and left lateral bending and right and left rotation 30 degrees; lumbar paravertebral muscle tenderness noted bilaterally, lumbar facet loading positive on right, straight leg positive on right; right shoulder range of motion - external rotation 30; Hawkin's negative, Neer, Speeds and Yergason's tests positive; tenderness noted in acromioclavicular joint and biceps groove. MRI of right shoulder dated 11/12/2009 revealed abnormal appearance of the rotator cuff interval with attenuation of anterior margin of the supraspinatus tendon. A small transmural tear cannot be excluded; some edema in the rotator cuff interval without attenuation and abnormal signal in the intraarticular portion of the long head biceps tendon, consistent with partial tear and tendinosis; postoperative change involving the anterior labrum, no evidence of re-tear; mild to moderate glenohumeral degenerative change; mild acromioclavicular joint arthrosis. MRI of cervical spine dated 12/12/2013 revealed diffuse multilevel is cervical spondylosis resulting in mild spinal canal stenosis at multiple levels as well as foraminal narrowing. Treatment has consisted of surgical intervention, steroid injections, heat and cold therapy and Tramadol. The utilization review determination was rendered on 11/21/2014 recommending non-certification of 8 physical therapy

sessions for the right shoulder, neck and lumbar spine, X-ray series of the cervical spine and X-ray series for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the right shoulder, neck and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate this patient has had previous physical therapy sessions in the past. The treating physician has not provided documented functional improvement from the previous physical therapy, nor has the treating physician indicated the number of sessions that were attended. As such, the request for 8 physical therapy sessions for the right shoulder, neck and lumbar spine is not medically necessary.

X-ray series of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the ACOEM guidelines regarding cervical radiographs; "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended "in the absence of red flags." ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS; 1993.) The treating physician has not

documented evidence of acute trauma or red flag symptoms to justify a cervical spine X-Ray at this time. As such the request for X-ray series of the cervical spine is not medically necessary.

X-ray series for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: ACOEM and ODG both agree that "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit Thoracic spine trauma: with neurological deficit Lumbar spine trauma (a serious bodily injury): pain, tenderness Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70 Uncomplicated low back pain, suspicion of cancer, infection Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, infectious disease patient Myelopathy, oncology patient Post-surgery: evaluate status of fusion The treating physician does not indicate any concerns for the above ODG pathologies. As such, the request for X-ray series for the lumbar spine is not medically necessary.