MAXIMUS Federal Services

Case Number:	CM14-0086407		
Date Assigned:	07/23/2014	Date of Injury:	11/14/2013
Decision Date:	04/20/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 65 year old male, who sustained an industrial injury on 11/14/13. He has reported back pain after a fall from a ladder. The diagnoses have included thoracic strain and lumbar strain . Treatment to date has included MRI of the thoracic spine 1/6/14, physical therapy and oral medications. As of the PR2 dated 1/21/14, the injured worker reported pain in the mid and low back. His knee and ankle jerks were normal bilaterally. His motor and sensory exam were completely normal. There is some thoracic tenderness. Gait is normal without pain. The treatment plan states that subjective is more than objective findings. The treating physician is release him to full duty given lack of objective findings. There is a 1/30/14 primary treating initial orthopedic report that states that the patient was evaluated at a hospital 11/14/13 and had xrays and EMG/NCV of the mid and low back and MRI or head, mid and low back. He also had PT. On exam he had decreased C5-T1 sensation, and decreased motor strength in C5-8 myotomes. Upper extremity reflexes were intact. There is thoracic kyphosis and diffuse tenderness. There is a positive bilateral SLR. hypoesthesia of incomplete nature at L4,L5,S1 bilaterally. There is weakness in the foot dorsiflexors, plantarflexiors, foot everters and inverters bilaterally. The treating physician requested an MRI of the thoracic spine, an MRI of the lumbar spine and physical therapy x 12 sessions. A 3/13/14 progress note reveals that the patient has cervical, lumbar and bilateral shoulder pain with neck stiffness and numbness in the arms/legs. The exam is unchanged. On 5/12/14 Utilization Review non-certified a request for an MRI of the thoracic spine and an MRI of the lumbar spine and modified a request for physical therapy x 12 sessions to physical therapy x 6 sessions. The utilization review physician cited the ACOEM

guidelines, chapters 8 and 12 and the ODG guidelines. On 6/4/14, the injured worker submitted an application for IMR for review of an MRI of the thoracic spine, an MRI of the lumbar spine and physical therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG, Neck and upper back.

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- Magnetic resonance imaging (MRI).

Decision rationale: MRI of the thoracic spine is not medically necessary per the MTUS and the ODG. The MTUS states that criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniationcan be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The documentation does not indicate evidence of red flag findings or progressive neurological deficits in the thoracic area. It is unclear how this MRI will change the treatment plan. The request for thoracic MRI is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG. Low back - Lumbar & thoracic.

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- MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There is no documentation how an MRI would alter this treatment plan. Additionally, the documentation reveals that there is a 1/30/14 primary treating initial

orthopedic report that states that the patient was evaluated at a hospital 11/14/13 and had x-rays and EMG/NCV of the mid and low back and MRI of the head, mid and low back. The ODG does not recommend a repeat MRI without a significant change in symptoms and/or findings suggestive of significant pathology. There are very conflicting exam findings from 1/21/14 to 1/30/14. The documentation dated 1/21/14 states that the subjective exam findings do not match the objective findings. Given all of this information the request for a repeat MRI is not medically necessary.

Physical therapy, twelve (12) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy, twelve (12) sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior therapy for his injuries. Additionally, the request does not specify the body part. It is unclear why the patient would require 12 supervised therapy sessions which exceed guideline recommendations and why he is not versed in a home exercise program. The request is not medically necessary.