

Case Number:	CM15-0105548		
Date Assigned:	06/04/2015	Date of Injury:	11/20/2008
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female, who sustained an industrial injury on November 20, 2008, incurring back, knees and hand injuries. She was diagnosed with cervical spine strain, thoracic spine disc bulge, lumbar disc bulges, left hand sprain, right knee internal derangement and left knee sprain. Treatment included Magnetic Resonance Imaging, diagnostic imaging, pain medications, chiropractic sessions and work restrictions. Currently, the injured worker complained of upper back and lower back stiffness and pain to both knees. The treatment plan that was requested for authorization included cervical spine and thoracic spine Magnetic Resonance Imaging, x rays of the cervical spine, thoracic spine, lumbar spine, pelvis, right knee, left knee and left hand, aqua therapy sessions and a blood pressure cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: CSP, TSP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines 'Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI).

Decision rationale: The 61-year-old patient presents with incurring back, knees and hand injuries. Currently, the patient complains of upper back and lower back stiffness and pain to both knees. The request is for MRI: CSP, TSP. The provided RFA is dated 04/07/15 and the date of injury is 11/20/08. She was diagnosed with cervical spine strain, thoracic spine disc bulge, lumbar disc bulges, left hand sprain, right knee internal derangement and left knee sprain. Physical examination, per 04/07/15 report, revealed tenderness to palpation over the lumbar spine with decreased range of motion. Prior treatment included Magnetic Resonance Imaging, diagnostic imaging, pain medications, chiropractic sessions and work restrictions. There are no medications listed in the progress report and the work status is unknown. ODG Guidelines, 'Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI), have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction; (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. In this case, only two progress reports were provided for review and they are handwritten and illegible. The treater has not provided a reason for the request or documented any red flags. There is no documentation of neurological deficit in the cervical or thoracic spine for which MRIs are indicated. Therefore, the request IS NOT medically necessary.

X-Rays: CSP, TSP, LSP, PLVS, LHD, RKN, LKN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter under Radiography Hip and Pelvis chapter under X-rays Knee & Leg (Acute & Chronic)' and topic 'Radiography (x-rays).

Decision rationale: The 61-year-old patient presents with incurring back, knees and hand injuries. Currently, the patient complains of upper back and lower back stiffness and pain to both knees. The request is for X-rays: CSP, TSP, LSP, PLVS, LHD, RKN, and LKN. The provided RFA is dated 04/07/15 and the date of injury is 11/20/08. She was diagnosed with cervical spine strain, thoracic spine disc bulge, lumbar disc bulges, left hand sprain, right knee internal derangement and left knee sprain. Physical examination, per 04/07/15 report, revealed tenderness to palpation over the lumbar spine with decreased range of motion. Prior treatment included Magnetic Resonance Imaging, diagnostic imaging, pain medications, chiropractic

sessions and work restrictions. There are no medications listed in the progress report and the work status is unknown. ODG Guidelines do not specifically address thoracic X-rays, ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography 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 6 weeks." ODG further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Regarding radiography of the cervical spine, ODG states "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." ODG further states indication for x-ray is considered when there cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit, unconscious, impaired sensorium (including alcohol and/or drugs), multiple trauma and/or impaired sensorium, and chronic neck pain (after 3 months conservative treatment), patient younger than 40, no history of trauma. MTUS/ACOEM does not discuss hip radiographs. ODG-TWC guidelines, Hip and Pelvis chapter under X-rays states: "Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury." ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Radiography (x-rays)', recommend x-rays for acute trauma and nontraumatic cases as well. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out. Furthermore, ODG states that for most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides an adequate diagnostic information and guidance to the surgeon. In this case, only two progress reports were provided for review and they are handwritten and illegible. Treater has not provided a reason for the requests. The progress reports do not reflect any red flags or neurological findings to which X-rays would be indicated. Therefore, the request for X-rays of the cervical spine, lumbar spine, thoracic spine, pelvis, left hand, and bilateral knees IS NOT medically necessary.

Aqua therapy; twelve (12) sessions (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Aquatic therapy Page(s): 22, 98-99.

Decision rationale: The 61-year-old patient presents with incurring back, knees and hand injuries. Currently, the patient complains of upper back and lower back stiffness and pain to both knees. The request is for Aqua Therapy, 12 sessions (2x6). The provided RFA is dated 04/07/15 and the date of injury is 11/20/08. She was diagnosed with cervical spine strain,

thoracic spine disc bulge, lumbar disc bulges, left hand sprain, right knee internal derangement and left knee sprain. Physical examination, per 04/07/15 report, revealed tenderness to palpation over the lumbar spine with decreased range of motion. Prior treatment included Magnetic Resonance Imaging, diagnostic imaging, pain medications, chiropractic sessions and work restrictions. There are no medications listed in the progress report and the work status is unknown. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, only two progress reports were provided for review and they are handwritten and illegible. There is no explanation as to why aqua therapy is needed. There is neither extreme obesity documented nor the need for reduced weight bearing exercises. There is no documentation of a flare-up, decline in function or a new injury to warrant a course of therapy. The request would also exceed what is allowed by MTUS for the patient's condition. Therefore, this request IS NOT medically necessary.

Blood pressure cuff: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/SymptomsDiagnosisMonitoringofHighBloodPressure/Home-Blood-Pressure-Monitoring_UCM_301874_Article.jsp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.heart.org/HEARTORG/Conditions/HighBloodPressure/Symptoms/DiagnosisMonitoring/HighBloodPressure/Home-Blood-Pressure-Monitoring_UCM_301874_Article.jsp.

Decision rationale: The 61-year-old patient presents with incurring back, knees and hand injuries. Currently, the patient complains of upper back and lower back stiffness and pain to both knees. The request is for a Blood Pressure Cuff. The provided RFA is dated 04/07/15 and the date of injury is 11/20/08. She was diagnosed with cervical spine strain, thoracic spine disc bulge, lumbar disc bulges, left hand sprain, right knee internal derangement and left knee sprain. Physical examination, per 04/07/15 report, revealed tenderness to palpation over the lumbar spine with decreased range of motion. Prior treatment included Magnetic Resonance Imaging, diagnostic imaging, pain medications, chiropractic sessions and work restrictions. There are no medications listed in the progress report and the work status is unknown. CA MTUS and ODG do not address the requested Blood Pressure Cuff www.heart.org/HEARTORG/Conditions/HighBloodPressure/Symptoms/DiagnosisMonitoring/HighBloodPressure/Home-Blood-Pressure-Monitoring_UCM_301874_Article.jsp. To help control high blood pressure, also called HBP or hypertension, research has shown that monitoring blood pressure at home can be helpful in addition to regular monitoring in a healthcare provider's office. Your doctor may recommend that you monitor your blood pressure at home if: You have

been diagnosed with pre-hypertension (systolic, top, number between 120 and 139 mm Hg OR diastolic, bottom, number between 80 and 89 mm Hg); You have been diagnosed with hypertension (systolic 140 mm Hg or above OR diastolic 90 mm Hg or above); You have risk factors for high blood pressure AHA Recommendation: "The American Heart Association recommends home monitoring for all people with high blood pressure to help the healthcare provider determine whether treatments are working. Home monitoring is not a substitute for regular visits to your physician. If you have been prescribed medication to lower your blood pressure, don't stop taking your medication without consulting your doctor, even if your blood pressure readings are in the normal range during home monitoring." In this case, only two progress reports were provided for review and they are handwritten and illegible. There is no explanation as to why the patient needs a home blood pressure cuff. Additionally, there is no discussion of the patient having hypertension or any heart evaluation in the provided reports. The patient does not have a diagnosis of hypertension, either. Therefore, the requested DME IS NOT medically necessary.