

Case Number:	CM15-0108288		
Date Assigned:	06/12/2015	Date of Injury:	04/15/2012
Decision Date:	08/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old female who sustained an industrial injury on 04/15/2012. Treatment provided to date has included physical therapy, injections, medications, and conservative therapies/care. Diagnostic tests performed include electro diagnostic and nerve conduction testing (04/02/2015) showing decreased nerve conduction findings on the ulnar nerves across both elbows, and no evidence of entrapment neuropathy on the median and radial nerves and no evidence to support radiculopathy or distal peripheral neuropathy in the upper extremities. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/06/2015, physician progress report noted complaints of pain in the cervical spine that is aggravated by pushing, pulling, lifting, forward reaching and working at or above the shoulder level. Pain is rated as 8 (0-10) and described as constant, sharp, and radiating into the upper extremities. There is also associated headaches that are migrainous in nature as well as tension between the shoulder blades. Additional complaints include frequent bilateral elbow and wrist pain (rated 7/10) that is aggravated by lifting, gripping, grasping, pushing, pulling, and torquing activities, and constant sharp low back pain (rated 7/10) that is aggravated by bending, twisting, lifting, pushing, pulling, prolonged standing and sitting, and walking multiple blocks. The physical exam revealed tenderness to palpation of the cervical paravertebral musculature, positive cervical axial loading compression test, positive Spurling's maneuver, limited range of motion (ROM) in the cervical spine with pain, and numbness and tingling into the anterolateral shoulders, arms, forearm and hands correlating with the C5-C6 dermatomal pattern. Examination of the elbows, wrist and hands revealed tenderness about the olecranon groove, positive Tinel's sign over the cubital tunnel, painful full ROM, diminished sensation in the ulnar digits, tenderness to palpation over the volar aspect of the wrist, positive palmer compression test, positive Tinel's sign over the carpal canal, painful but full ROM in the hands and wrist, and diminished sensation in the radial digits. The examination of the lumbar spine revealed

tenderness to palpation of the paravertebral musculature with spasms, positive seated nerve root test, guarded and restricted standing flexion and extension, numbness and tingling in the lateral thigh, anterolateral and posterior leg and foot, L5-S1 dermatomal patterns, and L5-S1 innervated muscles. The provider noted diagnoses of cervical disc displacement, lumbar disc displacement, cubital tunnel syndrome, and carpal tunnel syndrome. Plan of care includes 8 sessions of physical therapy for the cervical and lumbar spines, and bilateral upper extremities, MRI of the cervical spine, MRI of the lumbar spine, bilateral wrist braces, continued medications, and follow-up. The injured worker's work status remained modified. Requested treatments include 8 sessions of physical therapy for the cervical and lumbar spines, and bilateral upper extremities, MRI of the cervical spine, MRI of the lumbar spine, and bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the cervical, lumbar spine and bilateral upper extremities (Qty 8): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194, 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. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks Medical records fail to indicate if an initial trial used what the results were. The initial DOI was 1989 and no documentation of previous physical therapy is available. As such, the request for Physical Therapy 2 times per week for 4 weeks for the cervical, lumbar spine and bilateral upper extremities is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list 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". Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As such the request for MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery". ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina 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." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of the lumbar spine is not medically necessary.

Bilateral wrist braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Chapter, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-264, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist Hand and Carpal Tunnel, Splint.

Decision rationale: MTUS is silent with regards to wrist brace. ACOEM states regarding wrist immobilization, "Splinting of wrist in neutral position at night & day" may be indicated for carpal tunnel syndrome and "Limit motion of inflamed structures with wrist and thumb splint". ACOEM further states "Limit motion of inflamed structures" for tendinitis and tenosynovitis, but does not specify with splinting. ODG (capal tunnel) refers to splinting section for braces, "splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program." Medical records do not indicate carpal tunnel syndrome. The treating physician does not detail any extenuating circumstances that warrant exception to the guidelines outlined above. As such, the request for bilateral wrist braces is not medically necessary at this time.