

Case Number:	CM15-0130597		
Date Assigned:	07/17/2015	Date of Injury:	10/09/2014
Decision Date:	08/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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, Pain Management

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 39 year old male, who sustained an industrial injury on 10/09/2014. He has reported injury to the head, neck, left elbow, and low back. The diagnoses have included head contusion; cephalgia - history of head trauma; cervical sprain/strain, rule out radiculitis/radiculopathy, secondary to herniated cervical disc; lumbar spine contusion, sprain/strain, rule out radiculitis/radiculopathy, secondary to herniated lumbar disc; hypertension- not controlled; and cerebral hemorrhage (positive MRI/CT- dated 03/25/2015). Treatments have included medications, diagnostics, ice, physical therapy, and home exercise program. Medications have included Norco, Orudis, Ibuprofen, Tylenol, Ultram, Anaprox, Flexeril, Fiorocet, Prilosec, and compounded topical cream. A progress report from the treating physician, dated 04/27/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of recently being in the emergency room for high blood pressure; while there, he had an MRI and CT of the brain which revealed his hemorrhage post-injury is increasing; he is awaiting neuro-evaluation; pain in the neck with radicular symptoms into the right and left leg; the symptoms are aggravated with prolonged sitting, standing, and walking; coughing, sneezing, and walking on uneven terrain increases his pain; daily headaches going into orbital region; physical therapy and medications are helpful; medications help decrease pain intensity form 7- 8/10 on average down to 2/10 on the pain scale; and the medications allow him for activities of daily living. Objective findings included decreased cervical spine range of motion; foraminal compression test and Spurling's test are positive; there is tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left; lumbar spine range of motion is decreased; there is tightness and spasm in the lumbar paraspinal musculature

noted bilaterally; there is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level, bilaterally; and there is weakness with big toe dorsiflexion and big toe plantar flexion, bilaterally. The treatment plan has included the request for continue physical therapy 2 times a week for 5 weeks, cervical and lumbar; MRI of the head; Prilosec 20mg #60; and MRI of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 2 times a week for 5 weeks, cervical & lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

MRI of the head: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography) and MRI (magnetic resonance imaging).

Decision rationale: Regarding the request for magnetic resonance imaging (MRI) of the brain, California MTUS does not address the issue. ODG cites that CT is indicated for focal neurologic deficits and MRI is indicated to determine neurological deficits not explained by CT. Within the

documentation available for review, no neurologic examination related to the patient's head has been performed. There is no indication that the physician has reviewed the most recent brain imaging prior to this request for additional imaging. There is no statement indicating if the patient's symptoms/findings have worsened since the time of the most recent brain imaging. In the absence of clarity regarding those issues, the currently requested magnetic resonance imaging (MRI) of the brain is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested cervical MRI is not medically necessary.