

Case Number:	CM15-0139015		
Date Assigned:	07/29/2015	Date of Injury:	02/15/2015
Decision Date:	09/23/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic neck, low back, and shoulder pain with derivative complaints of psychological stress reportedly associated with an industrial injury of February 15, 2015. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve requests for lumbar, cervical, and shoulder MRI studies. The claims administrator also failed to approve requests for physical therapy and a psychiatry consultation. The claims administrator referenced a June 17, 2015 order form in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain with derivative complaints of migraine headaches. The claimant was on Cymbalta, acyclovir, Robaxin, oxybutynin, Premarin, Desyrel, Flector, and Fioricet. The claimant had severe psychological issues with depression, tearful spells, and memory loss, it was reported. The claimant was placed off work, on total temporary disability. Lumbar MRI imaging and shoulder MRI imaging were endorsed while the claimant was kept off of work. The claimant had undergone cervical MRI imaging on July 2, 2015, which did demonstrate 2- and 4-mm disk bulges at C4-C5 and C5-C6, it was reported. The claimant was asked to consult a pain management physician. It did not appear that the claimant was intent on pursuing any kind of surgical intervention involving the cervical spine. On June 17, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal pain complaints of neck, shoulder, mid back, low back, hip, and bilateral knee pain, highly variable, 3-9/10. The applicant was off work, the treating provider acknowledged. The applicant exhibited well-preserved shoulder range of motion to 180 degrees of flexion and

abduction bilaterally, it was reported. The applicant exhibited well-preserved bilateral grip strength in the 18- to 20-kg range about the right versus 24 kg on the left. Physical therapy, shoulder MRI imaging, cervical MRI imaging, and lumbar MRI imaging were all endorsed. The applicant was asked to obtain psychological evaluation and a neurologic evaluation; it was stated in one section of the note. In another section, the attending provider stated that he was seeking a psychiatric evaluation. The applicant was ultimately placed off work, on total temporary disability. The attending provider, it was incidentally noted, did report in the psychiatric review of systems that the applicant was "not experiencing" depression, mood disturbance, or sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure or surgical intervention based on the outcome of the study in question. The multiplicity of pain complaints and pain generators, including the neck, low back, bilateral shoulders, hip, knees, etc., reported on June 17, 2015 also called into question the presence of any focal nerve root compromise referable to the cervical spine and/or upper extremities, as was the applicant's well-preserved upper extremity grip strength appreciated on that date. The fact that three different MRI studies were concurrently ordered on the same date significantly reduced the likelihood of the applicant's acting on results of any one study and/or go on to consider surgical intervention based on the outcome of the same. The cervical MRI in question was ultimately performed on July 2, 2015; the treating provider reported on July 15, 2015, was notable for disk bulges or uncertain clinical significance. It did not appear that the applicant went on to consider any surgical intervention based on the outcome of the study. Therefore, the request was not medically necessary.

MRI (magnetic resonance imaging) 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): 304.

Decision rationale: Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 304 notes that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The fact that three different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or considers surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI (magnetic resonance imaging) Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The request for MRI imaging of the shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, the requesting provider did not explicitly state how (or if) the proposed shoulder MRI would influence or alter the treatment plan. The requesting provider did not state what was sought. The requesting provider did not state what was suspected. It did not appear, in short, that there was either an explicit statement (or an implicit suggestion) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The multi-focal nature of the applicant's complaints, coupled with the fact that three different MRI studies were concurrently ordered on the same date significantly reduced the likelihood of the applicant's acting on results of any one study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Physical Therapy, Cervical & Lumbar Spine, 2 times wkly for 4 wks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Similarly, the request for eight sessions of physical therapy for the cervical and lumbar spines was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a

general course of 9-10 sessions of physical medicine treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant had had earlier unspecified amounts of physical therapy over the course of the claim, including at least four sessions through a previous provider, it was reported on June 17, 2015. The applicant remained off of work, on total temporary disability, it was acknowledged on that date and on July 15, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Fioricet, Xanax, Robaxin, etc. All of the foregoing, taken together, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. Therefore, the request was not medically necessary.

Consultation with Psychiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines: 2004, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: Finally, the request for a consultation with a psychiatrist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health symptoms persist beyond three months and/or in those individuals whose mental health symptoms become disabling. Here, the attending provider's July 15, 2015 progress note stated that the applicant had severe psychological issues with memory loss, depression, and tearful spells. While it is acknowledged that portions of the attending provider's June 17, 2015 progress note stated that the applicant had no active mental health issues, other portions of said June 17, 2015 progress note did recount the presence of issues with anxiety, sleep disturbance, and psychological dysfunction. The bulk of the information on file, thus, did suggest that the applicant was having significant issues with depression, anxiety, tearful spells, insomnia, memory loss, etc. Obtaining the added expertise of a psychiatrist was, thus, indicated to address the same. Therefore, the request was medically necessary.