

Case Number:	CM15-0162620		
Date Assigned:	08/28/2015	Date of Injury:	09/23/2013
Decision Date:	09/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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 injured worker is a 50 year old female who sustained an industrial injury on 9-23-13 from a trip and fall causing her to fall on the left side, injuring the left shoulder, lower mid-back and neck areas. She was medically evaluated and had extensive treatment. Diagnoses include spinal stenosis, radiculopathy, left sided pain, scoliosis, status post partial laminectomy L4,5,S1 and microdissection, cauda equine and nerve roots (2-24-15); cervical radiculopathy; cervical disc herniation with stenosis; thoracic disc herniation; lumbar disc herniation with moderate to severe neural foraminal narrowing; right lateral epicondylitis of the elbow; left shoulder impingement with partial thickness rotator cuff tear, acromioclavicular joint osteoarthropathy, biceps tendinopathy. She has not worked since 9-23-13. Treatments to date include lumbar epidural steroid injection (9-19-14) with 25% improvement; home exercise program; physical therapy (completed 12 post-operative visits per 7-2-15 note) without improvement; medications; psychotherapy; elbow brace; medications. Diagnostics have included electrodiagnostic study (5-11-15) to bilateral lower extremities which revealed an abnormal study; MRI of the cervical spine (7-31-14) showed degenerative disc disease with restrolisthesis, canal stenosis; MRI of the thoracic spine (7-31-14) showed multilevel severe degenerative disc disease, protrusions, mild canal stenosis; MRI of the lumbar spine (7-31-14) showed restrolisthesis, grade 1 anterolisthesis, canal stenosis, neural formainal narrowing. She currently complains of achy neck pain with radiation to the left shoulder and upper arm; right elbow pain; numbness and weakness in bilateral hands with occasional dropping of items; back pain with radiation to the lateral portion of the calve area with back pain level 8 out of 10; persistent weakness in both legs with

occasional falling episodes and she uses a cane for ambulation; persistent urinary incontinence and internal medicine recommended neurologist; constipation and stomach pain on occasion from medication. She has trouble sleeping due to pain. Medications were trazadone, Prozac, Norco, Prilosec, and Metamucil. Norco reduced her pain from 8/10 to 5/10. On physical exam there was decreased sensation in the C6, C7, C8 dermatomes on the left; decreased sensation left L4-S1 dermatomes; straight leg raise on the left causes radiation of pain down the left calf and straight leg raise on the right causes radiation of pain downright posterior thigh. In the progress note dated 6-4-15 the treating provider's plan of care includes requests for additional physical therapy for the lumbar spine (as per 6-4-15 treatment plan it has helped increase her walking distance by 10-15 minutes) twice per week for six weeks to help decrease pain and increase activity level; MRI of the lumbar spine to evaluate her urinary incontinence to determine if a lumbar condition is the cause of her problem; general orthopedic follow up for upper extremity treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine Post op: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient has had a prior lumbar MRI, which had documented degenerative changes with associated nerve root compromise. She had surgical correction of the abnormalities but now is post surgical and is again showing signs and symptoms of lumbar neuropathy. Since the prior surgery has changed the patient's anatomy identified in her prior lumbar MRIs and since she has neurologic changes in her lower extremities as noted on examination a repeat MRI to define her lumbar anatomy is an appropriate study to request as it may direct further care. Medical necessity for this procedure has been established.

Orthopedic Surgeon Follow ups for Bilateral Shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

Decision rationale: The MTUS guidance for directing re-evaluation relates to general principles of patient care. Stepping back from what is presently being done to re-assess the therapeutic effect of the present treatment is recommended. In fact, it is probably the standard of care in most medical communities. This is especially important in managing the patient who is post-surgical or who has delayed recovery and to document the patient's current state of function. This patient has been provided care for over a year and still has significant symptomatology, thus this request for a re-evaluation is indicated.

Physical Therapy 2x6 Additional Sessions directed to 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 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9, Postsurgical Treatment Guidelines Page(s): 12, 25.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy after lumbar discectomy/laminectomy should show a resultant benefit by 16 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The full physical medicine rehabilitation period is estimated by the MTUS to take 6 months from the date of surgery. The patient is presently 5 months post-op and has completed 12 sessions of physical therapy, which has improved her mobility and lessened her pain. The provider has indicated that more physical therapy is indicated, requesting 12 more sessions. This is greater than the MTUS recommendation and extends the therapy well past the proscribed 6 months physical medicine rehabilitation period. The 4 remaining physical therapy sessions of the 16 recommended by the MTUS coupled with the patient's home exercise program should be adequate to accomplish the provider's stated goal of "decreasing her pain and increasing her activity level". Medical necessity for the number and duration of physical therapy sessions has not been established.

