

Case Number:	CM15-0166355		
Date Assigned:	09/04/2015	Date of Injury:	05/29/2015
Decision Date:	10/20/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/24/2015

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: New York
 Certification(s)/Specialty: Internal 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:

This 54-year-old female sustained an industrial injury on 5-29-15. She subsequently reported neck and back pain. Diagnoses include brachial neuritis or radiculopathy and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, acupuncture and prescription pain medications. The injured worker has continued complaints of pain in the neck that radiates to the right upper extremity and low back pain that radiates to the right lower extremity. Upon examination, there was decreased range of motion in the cervical and lumbar spine noted. Tenderness is noted along the cervical and lumbar spine. Straight leg raise test, shoulder depression test, foraminal compression test and Lasegue test were all positive. A request for X-ray of lumbar and cervical spine, Consult for pain medications, Range of motion 1x every month and Functional capacity evaluation, job analysis, physical test or the treating physician made measurement (30 min).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
 Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends Cervical and Lumbar spine x rays in patients with neck and low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complains of neck and low back pain. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms to support the medical necessity for additional imaging. The request for X-ray of lumbar and cervical spine is not medically necessary per MTUS.

Consult for pain medications: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing active treatment for neck and low back pain. Not having reached maximum medical therapy at the time of the request under review, the recommendation for pain management consult is reasonable. The request for Consult for pain medications is medically necessary.

Range of motion 1x every month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Computerized range of motion (ROM), Flexibility.

Decision rationale: The MTUS is silent on computerized range of motion testing. Per ODG, the relation between lumbar range of motion measures and functional ability is weak or nonexistent.

ODG does not recommend computerized range of motion as this should already be a part of a routine musculoskeletal evaluation. Furthermore, the American Medical Association guidelines state that result of computerized measures of lumbar spine range of motion, which can be done with inclinometers, is of unclear therapeutic value. Per guidelines, the request for Range of motion 1x every month is not medically necessary.

Functional capacity evaluation, job analysis, physical test or measurement (30 min): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs.

Decision rationale: Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. Chart documentation indicates that the injured worker is undergoing active treatment for neck and low back pain. Not having reached maximum medical therapy at the time of the request under review, guidelines have not been met. The request for Functional capacity evaluation, job analysis, physical test or measurement (30 min) is not medically necessary per guidelines.