

Case Number:	CM15-0185403		
Date Assigned:	09/25/2015	Date of Injury:	11/02/1998
Decision Date:	11/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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 45 year old female who sustained an industrial slip and fall injury on 11-02-1998. The injured worker was diagnosed with lumbago, cervicgia, bilateral sacroiliitis, and myofascial pain syndrome. According to the treating physician's progress report on 07-13-2015, the injured worker continues to experience lower back pain (worse on the right) radiating to the right hip and neck pain radiating to the bilateral shoulders. Both areas were rated at 7 out of 10 on the pain scale. Examination of the neck demonstrated tenderness to palpation along the bilateral upper, middle, lower cervical paraspinal and middle trapezius muscles, worse on the right side and bilateral periscapular muscles, worse on the left side. Full active range of motion in all directions with negative Spurling's was documented. The lumbar spine examination revealed tenderness to palpation along the bilateral mid to lower paraspinal muscles and bilateral sacroiliac joints, worse on the right side with full active range of motion. Deep tendon reflexes, sensation to light touch and pinprick were intact in all extremities. There was an appropriate heel-to toe gait pattern without signs of an antalgic gait noted. Supine straight leg raise and FAIR test were negative bilaterally with Faber test positive on the right and negative on the left. Prior treatments included diagnostic testing, physical therapy, massage therapy (myofascial release), epidural steroid injections, sacroiliac injections, chiropractic therapy and medications. Current medications were listed as Norco 10mg-325mg, Soma, Zofran, Valtrex, Prozac, Xanax, Ambien and medicinal marijuana. Treatment plan consists of decreased Norco frequency for break through pain and add Morphine Sulfate ER 15mg every 12 hours, change Soma to Tizanidine, obtain marijuana medical card, follow-up in 2 weeks and the current request for cervical spine magnetic resonance imaging (MRI), lumbar spine magnetic resonance

imaging (MRI), urine drug screening and massage therapy for the lower back twice a week for 6 weeks (12 sessions). On 08-21-2015 the Utilization Review partially certified the request for urine drug screening to urine drug screening with confirmatory laboratory testing only on inconsistent results QTY: 1 on 08-21-2015. The Utilization Review determined the request for cervical spine magnetic resonance imaging (MRI), lumbar spine magnetic resonance imaging (MRI) and massage therapy for the lower back twice a week for 6 weeks (12 sessions) was not medically necessary on 08-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for the lower back, 2x6, QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. In addition, the MTUS states that massage therapy can be recommended as an option when limited to 4-6 visits and as an adjunct to other recommended treatments, specifically, an exercise regimen. The benefits of massage therapy at her only during treatment and treatment tendons should be avoided. The short-term benefits of massage therapy or likely due to the fact that massage does not address the underlying causes of pain. There is no documentation that the patient is participating in an exercise program as required by the MTUS. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Massage Therapy for the lower back, 2x6, QTY: 12 are not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is documentation

in the medical record that a urine drug screen was to be used for the above indications. On 08-21-2015 the Utilization Review partially certified the request for urine drug screening to urine drug screening with confirmatory laboratory testing only on inconsistent results. Urine drug screen, as requested originally, is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for magnetic resonance imaging.

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

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise, which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for magnetic resonance imaging.

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

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of the cervical spine is not medically necessary.