

Case Number:	CM15-0186683		
Date Assigned:	09/28/2015	Date of Injury:	05/26/2014
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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-work injury on 5-26-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical pain, cervical strain and sprain, cervical radiculopathy, lumbar pain, lumbar strain and sprain, lumbar Herniated Nucleus Pulposus (HNP), lumbar radiculopathy and sciatica. Medical records dated (4-20-15 to 8-26-15) indicate that the injured worker complains of constant aching neck and low back pain. The neck pain radiates to the bilateral shoulders and the low back pain is associated with cramping, pins and needles sensation and weakness in the low back and bilateral legs. The injured worker has difficulty with activities of daily living (ADL), walking, sitting, standing and sleeping due to pain. The pain is rated 7-8 out of 10 on the pain scale and has been unchanged. The injured worker is currently working. The physician indicates that he has increased pain and discomfort that is moderate to severe. The physician also indicates that the injured worker is not attending physical therapy. The physical exam dated 8-26-15 reveals that the lumbar range of motion is limited due to pain. The sensation to light touch is decreased at left S1. There is positive left straight leg raise test and positive left Lasegue test. Treatment to date has included pain medication, diagnostics, off work, lumbar epidural steroid injection (ESI) 3-6-15, physical therapy (unknown amount), chiropractic (unknown amount) and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 12-8-14 reveals disk extrusion at L4-5 with stenosis and possible left L5 nerve impingement and moderate facet osteoarthritis. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 7-30-14 reveals disk protrusion at C5-6 causing stenosis, there is neural narrowing and annular tear.

There is also a central disc bulge at C6-7. The request for authorization date was 8-28-15 and requested services included MRI of the cervical spine, MRI of the lumbar spine and Eighteen (18) physical therapy sessions for the cervical-lumbar spine. The original Utilization review dated 9-2-15 non-certified the request for MRI of the cervical spine, MRI of the lumbar spine and Eighteen (18) physical therapy sessions for the cervical-lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Neck and Upper Back (Magnetic resonance imaging).

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The orthopedic surgeon believed that surgery can be avoided with therapy. The request for an MRI of the cervical spine 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- MRIs (magnetic resonance imaging).

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The orthopedic surgeon believed that surgery can be avoided with therapy. The request for an MRI of the lumbar spine is not medically necessary.

Eighteen (18) physical therapy sessions for the cervical/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Although Orthopedics mentioned that it may take up to 24 sessions of physical therapy, response to therapy after 8-10 sessions is unknown. Consequently, the request for 18 therapy sessions exceeds the guidelines recommendations and is not medically necessary.