

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0195358 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 06/22/2015 |
| <b>Decision Date:</b> | 12/24/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 55 year old male, who sustained an industrial injury on 6-22-2015. The injured worker was diagnosed as having tension headache, cervical musculoligamentous injury, cervical myofascitis, rule out cervical disc protrusion, cervical spondylosis per x-ray, lumbosacral sprain-strain, lumbar muscle spasm, rule out lumbar disc protrusion, lumbar spondylosis per x-ray, lumbar spondylolisthesis at L5-S1 per x-ray, left elbow sprain-strain, and rule out left medial epicondylitis. Treatment to date has included diagnostics, chiropractic, unspecified physical therapy, and medications. Currently (9-04-2015), the injured worker complains of occasional "mild" headache, rated 3 out of 10 (rated 4 out of 10 on 8-03-2015), "no complaints of the neck", constant "moderate" low back pain, rated 4 out of 10 (rated 8 out of 10 on 8-03-2015), and "no complaints of the left elbow". Exam noted sensation intact in the bilateral upper and lower extremities, motor strength 5+ bilaterally in the upper and lower extremities, deep tendon reflexes "normal" and equal bilaterally, "decreased and painful" range of motion in the cervical spine and lumbar spine, and tenderness to palpation and muscle spasm of the lumbar paravertebral muscles. Kemp's and straight leg raise caused pain bilaterally. Left elbow range of motion was "decreased and painful". Function with activities of daily living was not described. He remained "off work". The primary treating physician's report (7-29-2015) noted previous treatment with diagnostics, medications, taken off work, and "physical therapy for six sessions", noting that the injured worker stated that this treatment did not help him. Per the Request for Authorization dated 9-04-2015, the treatment plan included physical therapy for the cervical and lumbar spine (3x6), magnetic resonance imaging of the cervical and lumbar

spine and left elbow, and Functional Capacity Evaluation, non-certified by Utilization Review on 9-11-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy for the cervical and lumbar spine 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, PT.

**Decision rationale:** Per ODG: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks; Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. ODG supports therapy for back and neck symptoms. The patient has already received therapy but an unspecified amount. Additional therapy is not medically necessary or authorized because it is unclear if the patient has exceeded the maximum number of allowable sessions.

#### **MRI (Magnetic Resonance Imaging) of the cervical spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, MRI.

**Decision rationale:** Per ODG: Indications for imaging, MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms Present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The patient has neck pain. Neurologic symptoms are present. X-rays show spondylolisthesis. Per ODG, MRI is medically necessary to evaluate the cervical spine.

#### **MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

**Decision rationale:** Per ODG: Indications for imaging. Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other "red flags" Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset- Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation) The records document low back pain. There is no evidence of neurologic deficit or myelopathy. The patient does not have radiculopathy or evidence of a tumor or infection. MRI guidelines are not met. Therefore the request is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the left elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow; MRI.

**Decision rationale:** Per ODG: Indications for imaging. Magnetic resonance imaging (MRI): Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films non-diagnostic- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films non-diagnostic. Chronic elbow pain, suspect unstable osteochondral injury; plain films non-diagnostic. Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic- Chronic elbow pain, suspect chronic epicondylitis; plain films non-diagnostic. Chronic elbow pain, suspect collateral ligament tear; plain films non-diagnostic. Elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) The note dated 9/4/15 describes no complaints of elbow pain. The ODG guidelines limit elbow MRI to patients with elbow pain. The MRI is not medically necessary because the patient is not complaining of elbow pain.

**Functional capacity evaluation:** 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, 2nd Edition, 2004, pages 138 and 138: Functional Capacity Evaluations (FCE's).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** ACOEM supports functional capacity exams for appropriate work placement. From page 11: "The pre-placement/post-offer medical examination also may aid in reducing the risk for development of WRMSDs or other health conditions. The clinician must be clear about the purpose of the examination and its components. The examination should be designed by defining the type and level of risk to the worker and to others. In general, these examinations are most productive as selection screening in relation to the demands (time, load, repetitions), consequences of error, and person-job fit in areas of high injury with high job demands. The purpose of pre-placement examinations should be narrowly job-related; their intention should not be to discover hidden diseases and treat them." The patient requires a functional capacity exam to determine the type of occupation that he can accomplish with his physical limitations. Therefore the request is medically necessary.