

Case Number:	CM15-0199514		
Date Assigned:	10/14/2015	Date of Injury:	10/13/2014
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency 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 59 year old male who sustained an industrial injury on August 08, 2012. Subjective complaints: (July 2015, June 2015, April 2015, February 2015) low back pain, left leg pain, neck pain, right sacroiliac pain, and bilateral lower extremity edema. The worker is noted being treated for: fasciotomy, cervical strain and sprain, chronic cervicgia, lumbar pain with facet arthropathy, right sacroiliac dysfunction and chronic bilateral leg edema. Neurontin prescribed (July 15, 2015). Ultram noted prescribed at follow up February 18, 2015. Ultram noted discontinued at follow up April 24, 2015. Treatment has included activity modification, medication, surgery, physical therapy, TENS unit, acupuncture, epidural injections, DME, and psychological evaluation. On July 21, 2015 a request was made for Neurontin 100mg, #90 that was noncertified by Utilization Review on July 24, 2015. Requests for X-rays, MRI and PT was submitted on 8/28/15. An X-ray of cervical spine dated 6/19/15 was noted in submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck and Upper Back (Acute & chronic) Radiography.

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

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. Patient just had X-rays of cervical spine done 6/19/15. There is no change on exam or complaints. No indication for another X-ray. 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) Chapter: Neck and Upper back (Acute & Chronic) Magnetic resonance imaging (MRI).

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

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no neurological dysfunction, no red flags or any change in neck pains. There is incomplete documentation on conservative care attempted thus far. Not medically necessary.

Physical therapy 2x a week for 6 weeks for the lumbar spine, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck and Upper Back, Low back- Lumbar & thoracic (Acute & Chronic) Physical therapy (PT).

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

Decision rationale: As per MTUS chronic pain guidelines, PT may be considered for injuries. Guidelines recommend an initial trial of 6 before additional is recommended. It is unclear how many PT sessions has been attempted thus far but some documentation states that up to 6 physical therapy and perhaps 6 occupational therapy was approved. There is no documentation if these approved sessions were completed or if there was any improvements. Maximum number of PT sessions as per guidelines is 10. This request alone already exceeds guidelines. The lack of

documentation of benefit from prior PT and excessive number of sessions does not support PT request. Not medically necessary.