

Case Number:	CM15-0200964		
Date Assigned:	10/21/2015	Date of Injury:	11/03/2014
Decision Date:	12/08/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina
 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 67 year old male who sustained an industrial injury on 11-3-14. A review of the medical records indicates he is undergoing treatment for cervical spine sprain and strain, lumbar spine sprain and strain - rule out herniated nucleus pulposus, bilateral shoulder sprain and strain, left elbow sprain and strain, bilateral lower extremity radiculopathy - left greater than right, insomnia, anxiety, and depression. Medical records (7-23-15, 8-24-15) indicate ongoing complaints of neck pain radiating to bilateral upper extremities, rating "7 out of 10" with activities, bilateral shoulder pain, rating "7-8 out of 10" with activities, left elbow pain, rating "3-4 out of 10" with activities, and low back pain radiating to the left lower extremity with associated numbness, weakness, tingling, and burning, rating "7 out of 10". The physical exam (7-23-15) reveals tenderness and spasms in the cervical spine on palpation over the bilateral cervical paraspinals, upper trapezius, and sternocleidomastoid muscles. Diminished range of motion is noted of the cervical spine. The lumbar spine exam reveals tenderness and spasms on palpation over the bilateral lumbar paraspinals and quadratus lumborum - left greater than right. Range of motion is diminished. Examination of the upper extremities reveals tenderness over the bilateral sub-acromial space and deltoid. Spasms are noted over the bilateral deltoid. Diminished range of motion is noted of bilateral shoulders. Tenderness is noted over the left extensor muscle and lateral epicondyle of the elbow. Range of motion is noted to be "full". Diagnostic studies have included an MRI of the lumbar spine and urine drug screening. Treatment has included medications and at least 24 sessions of physical therapy. The treatment recommendations include physical therapy 2 times a week for 4 weeks, a functional

improvement measurement, and an autonomic nervous system evaluation. The utilization review (9-15-15) includes requests for authorization of a spine surgeon consultation for the lumbar spine, physical therapy 2x4 for the lumbar spine and left elbow, and a functional improvement measurement. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological surgery consultation, for lumbar spine: Upheld

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: Independent Medical Examinations and Consultations, pg 127.

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

Decision rationale: CA MTUS/ACOEM Guidelines indicate that referral to a specialist is necessary if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the rationale for the consultation with a spine surgeon is not presented to identify the medical necessity. In addition, no imaging studies assessing the pathology are provided to support the diagnosis and rationale for referral. Therefore the request is not medically necessary or appropriate.

Physical therapy, lumbar spine and left elbow, 2 times weekly for 4 weeks, 8 sessions:
Upheld

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

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

Decision rationale: The request is for physical therapy (PT) twice weekly for 4 weeks for the LS spine and left elbow. On examination, the patient has tenderness to palpation in the LS spine region and decreased flexion, however the elbow exam is unremarkable. It is unclear when the last course of physical therapy was completed. There are no significant functional limitations identified on the exam to warrant additional physical therapy. Therefore the request is not medically necessary or appropriate.

Functional improvement measurement plus limited FIM using NIOSH testing every 30 days while undergoing treatment (lumbar spine and left elbow): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Functional improvement measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measurements.

Decision rationale: CA MTUS/ACOEM does not specifically address this topic. ODG states that Functional Improvement Measurements (FIM) are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. In this case, the request for FIM is recommended according to guidelines, however this is not separately reimbursable because it should be incorporated as a routine part of the follow-up exam. Therefore the request is not medically necessary or appropriate.