

Case Number:	CM15-0207042		
Date Assigned:	10/23/2015	Date of Injury:	05/02/2014
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, Tennessee

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 45-year-old male, with a reported date of injury of 05-02-2014. The diagnoses include unspecified spinal cord injury, shoulder pain, and knee pain. The medical report dated 09-11-2015 indicates that the injured worker presented for follow-up of a spinal cord injury. He rated his pain 8 out of 10 with medications, and 10 out of 10 without medications. The objective findings include crepitus of the right knee; tenderness to palpation over the right medial joint line; swollen left knee joint; a hinged knee brace; light touch sensation patchy in distribution; and negative straight leg raise test. It was noted that an MRI of the thoracic spine on 12-10-2014 showed a remote compression fracture of the T4 vertebra, right paracentral disc protrusion with a mild degree of central canal narrowing; an MRI of the lumbar spine on 12-10-2014 showed a probable disc protrusion with abutment of the exiting right L4 nerve root and left nerve root at T12-L1; a CT scan of the lumbar spine on 12-02-2014 showed status post posterior spinal fusion ending at L3; and a CT scan of the thoracic spine on 12-02-2014 which showed status post posterior spinal fusion beginning at T10. It was noted that the injured worker was temporarily totally disabled until then next appointment. The diagnostic studies to date have included diagnostic imaging of the sacrum and coccyx on 07-01-2015 with normal findings; and diagnostic imaging of the abdomen on 07-21-2015 which was negative for acute changes. Treatments and evaluation to date have included Butrans transdermal system patch, cranberry capsules, Ambien, Cymbalta, Dilaudid, Flexeril, Gabapentin, Lidoderm 5% patch, Tylenol, Xanax, Lyrica (failed), Elavil (failed), Methadone (discontinued), and physical therapy. The request for authorization was dated 09-29-2015. The treating physician requested

an MRI of the cervical spine and a 30-day inpatient stay for nursing, physical therapy, and occupational therapy. On 10-08-2015, Utilization Review (UR) non-certified the request for an MRI of the cervical spine and a 30-day inpatient stay for nursing, physical therapy, and occupational therapy.

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.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Per ODG indications for MRI of the cervical spine are: 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case there is no documentation to support that there has been any change in the patient's condition or the development of additional neurologic deficits of the upper extremities. The patient does not have any indication for cervical MRI. The request is not medically necessary.

Thirty (30) day inpatient stay at skilled nursing facility for nursing, physical therapy and occupational therapy: 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) 2015, Pain SNF (skilled nursing facility).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic: Skilled nursing facility (SNF) care Knee & Leg: Skilled nursing facility (SNF) care.

Decision rationale: Skilled Nursing care is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A Skilled Nursing Facility or SNF has Registered Nurses who help provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician supervises each patient's care and a nurse or other medical professional is usually on the premises. This may include: an R.N. doing wound care and changing dressings after a major surgery, or administering and monitoring I.V. antibiotics for a severe infection; a physical therapist helping to correct strength and balance problems that have made it difficult for a patient to walk or get on and off the bed, toilet or furniture; a speech therapist helping a person regain the ability to communicate after a stroke or head injury; an occupational therapist helping a person relearn independent self-care in areas such as dressing, grooming and eating. Criteria for skilled nursing facility care (SNF): The patient was hospitalized for at least three days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip or knee replacement) and was admitted to the SNF within 30 days of hospital discharge. A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit). The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting). The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options). The skilled nursing facility is a Medicare certified facility. In this case documentation indicates that the patient is able to ambulate. There is no documentation that alternative options have been explored. Documentation in the medical record does not support the need for skilled nursing care. The request is not medically necessary.