

Case Number:	CM15-0035868		
Date Assigned:	03/04/2015	Date of Injury:	03/14/2012
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 66-year-old male, who sustained an industrial injury on 3/14/12. He has reported pain in the right shoulder, neck and back. The diagnoses have included cervical spondylosis, cervical degenerative disc disease, and left sacroiliitis. Treatment to date has included lumbar x-rays, physical therapy and pain medications. As of the PR2 dated 1/29/15, the injured worker reports pain in the cervical and lumbar spine that radiates to the left shoulder. The treating physician requested an MRI of the lumbar spine, an MRI of the cervical spine and physical therapy 3 x week for 4 weeks. On 2/9/15 Utilization Review non-certified a request for an MRI of the lumbar spine and an MRI of the cervical spine and modified a request for physical therapy 3 x week for 4 weeks to physical therapy x 2 sessions. The utilization review physician cited the MTUS physical medicine guidelines and the ACOEM guidelines. On 2/22/15, the injured worker submitted an application for IMR for review of an MRI of the lumbar spine, an MRI of the cervical spine and physical therapy 3 x week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine (include sacroiliac joints): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient presents with unrated pain to the bilateral shoulders, cervical spine, and lumbar spine. The cervical spine pain radiates into the left upper extremity and is associated with weakness in the left hand. The patient's date of injury is 03/14/12. Patient is status post bilateral arthroscopic shoulder surgeries, though the dates and exact procedures are not specified. The request is for MRI of the lumbar spine - include sacroiliac joints. The RFA 02/26/15. Physical examination dated 01/29/15 reveals reduced cervical range of motion and non-tender cervical paraspinal muscles. Bilateral shoulder examination reveals well-healed surgical portals and reduced range of motion bilaterally, with weakness on supination to the left shoulder. Lumbar spine examination reveals tenderness to palpation of the left-sided lumbar paraspinal muscles, positive straight leg raise on the left side. The patient is not currently prescribed any medications. Diagnostic imaging was not included, though treater references in office X-rays of the cervical spine, bilateral shoulders, and lumbar spine dated 01/29/15. Cervical spine shows facet arthropathy and cervical spondylosis from C3-C6. Bilateral shoulders are consistent with rotator cuff repair bilaterally and type I acromion. Lumbar spine shows disc space narrowing L2 through S1 levels. Patient is retired. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In regard to the request for an MRI of the lumbar spine, treater has not provided unequivocal evidence of neurological findings to support such imaging. There is no evidence that this patient has undergone a lumbar MRI to date. This patient presents with chronic lower back pain, but there is no documentation that this pain radiates into the lower extremities. The treater indicates positive SLR on left, but given lack of any radiating leg symptoms, it is now known how this is possible. No other functional or neurological deficits are noted to the lower extremities. Owing to a lack of unequivocal neurological findings, the requested lumbar MRI cannot be medically substantiated. The request is not medically necessary.

MRI of the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with unrated pain to the bilateral shoulders, cervical spine, and lumbar spine. The cervical spine pain radiates into the left upper extremity and is

associated with weakness in the left hand. The patient's date of injury is 03/14/12. Patient is status post bilateral arthroscopic shoulder surgeries, though the dates and exact procedures are not specified. The request is for MRI of the cervical spine. The RFA 02/26/15. Physical examination dated 01/29/15 reveals reduced cervical range of motion and non-tender cervical paraspinal muscles. Bilateral shoulder examination reveals well-healed surgical portals and reduced range of motion bilaterally, with weakness on supination to the left shoulder. Lumbar spine examination reveals tenderness to palpation of the left-sided lumbar paraspinal muscles, positive straight leg raise on the left side. The patient is not currently prescribed any medications. Diagnostic imaging was not included, though treater references in office X-rays of the cervical spine, bilateral shoulders, and lumbar spine dated 01/29/15. Cervical spine shows facet arthropathy and cervical spondylosis from C3-C6. Bilateral shoulders are consistent with rotator cuff repair bilaterally and type I acromion. Lumbar spine shows disc space narrowing L2 through S1 levels. Patient is retired. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." In regard to the MRI of the cervical spine, the request appears reasonable. Progress report dated 01/29/15 indicates that the patient suffers from pain to the cervical spine, which radiates into the left upper extremity and also exhibits weakness in the left hand. There is no evidence that this patient has received a cervical MRI to date. As the patient does present with radicular symptoms, which have persisted despite conservative care, a cervical MRI could help clarify the underlying pathology. The request is medically necessary.

Physical therapy 3x4 to the lumbar/cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with unrated pain to the bilateral shoulders, cervical spine, and lumbar spine. The cervical spine pain radiates into the left upper extremity and is associated with weakness in the left hand. The patient's date of injury is 03/14/12. Patient is status post bilateral arthroscopic shoulder surgeries, though the dates and exact procedures are not specified. The request is for physical therapy 3x4 to the lumbar/cervical. The RFA 02/26/15. Physical examination dated 01/29/15 reveals reduced cervical range of motion and non-tender cervical paraspinal muscles. Bilateral shoulder examination reveals well-healed surgical portals and reduced range of motion bilaterally, with weakness on supination to the left shoulder. Lumbar spine examination reveals tenderness to palpation of the left-sided lumbar paraspinal muscles, positive straight leg raise on the left side. The patient is not currently prescribed any medications. Diagnostic imaging was not included, though treater references in office X-rays of the cervical spine, bilateral shoulders, and lumbar spine dated 01/29/15. Cervical spine shows

facet arthropathy and cervical spondylosis from C3-C6. Bilateral shoulders are consistent with rotator cuff repair bilaterally and type I acromion. Lumbar spine shows disc space narrowing L2 through S1 levels. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regard to the 12 physical therapy sessions for the lumbar and cervical spine, the treater has exceeded guideline recommendations. It is not clear how many physical therapy sessions this patient has undergone to date, or their effect. However, the requested 12 sessions exceeds guideline recommendations, which specify a maximum of 10 visits for complaints of this nature. Therefore, this request is not medically necessary.