

Case Number:	CM15-0058839		
Date Assigned:	04/03/2015	Date of Injury:	08/19/2013
Decision Date:	06/11/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/27/2015

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, Arizona
 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 49-year-old female who reported an injury on 04/13/2014. The injured worker was reportedly struck in the back and neck with multiple shoes. The current diagnoses include chondromalacia patella involving the left knee, possible internal derangement of the left knee, cervical spine sprain, lumbar spine sprain and left shoulder impingement. The injured worker presented on 02/05/2015 for follow up evaluation with complaints of persistent pain over multiple areas of the body. The physical examination revealed tenderness over the lumbar spine with decreased range of motion and spasm. Treatment recommendations at that time included an MRI of the left knee, lumbar and cervical spine; as well as physical therapy and a TENS unit. The Request for Authorization form was submitted on 02/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no comprehensive physical examination of the cervical spine provided on the requesting date. There is no mention of a recent attempt at any conservative treatment for the cervical spine prior to the request for an imaging study. Given the above, the request is not medically necessary.

Purchase of TENS unit (lumbar and thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no documentation of an exhaustion of other appropriate pain modalities including medication. There was no evidence of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically necessary.

MRI of lumbar spine: 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), Lower Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There was no documentation of a significant functional deficit upon examination. There was no mention of a recent attempt at any conservative management prior to the request for an MRI. Given the above, the request is not medically necessary.

Physical therapy 3 times a week for 6 weeks (cervical, lumbar and left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement. In addition, there was no comprehensive physical examination of the cervical spine or the left knee on the requesting date. The medical necessity has not been established. Therefore, the request is not medically appropriate.