

Case Number:	CM15-0062639		
Date Assigned:	04/08/2015	Date of Injury:	10/13/2008
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44-year-old female, who sustained an industrial injury on 10/13/2008. She reported falling through a rack of clothes, but the documentation did not indicate the specific injury form this fall. The injured worker was diagnosed as having cervical spine disc bulges, lumbar spine surgery, right knee surgery, left knee sprain, and other problems related to current evaluation. Treatment to date has included electromyogram with nerve conduction study, above listed procedures, and medication regimen. In a progress note dated 12/03/2014 the treating physician reports complaints of constant low back pain that radiates to the right side, along with pain to the neck, right knee/leg, and left knee/leg. The treating physician also notes a loss of bladder control. The treating physician requested six sessions of aqua therapy and six sessions of physical therapy to the cervical spine, lumbar spine, and bilateral knees, but the documentation provided did not indicate the specific reason for these requested therapies. The documentation provided did not contain a recent request for magnetic resonance imaging of the cervical spine.

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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS 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 Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured workers working diagnoses are cervical spine disc bulges; lumbar spine surgery; right knee surgery; and left knee strain. An MRI of the cervical spine dated October 4, 2011 showed mild degenerative changes C2 - C3 through C6 - C7 with maintenance of normal this type. At C2 - C4, there is a 2 mm left posterior lateral disc protrusion with mild stenosis of the entrance zone of the left neural foramen. There was no evidence of nerve root impingement. Subjectively, according for progress note dated December 3, 2014, the injured worker has continued complaints of low back pain radiating down the right side. Objectively, there is tenderness overlying the lumbosacral paraspinals. Light touch sensation is intact. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The most recent documentation in the medical record is dated December 4, 2014. The request for authorization is dated March 9, 2015. There is no contemporaneous documentation on or about March 9, 2015. Consequently, absent clinical documentation with a significant change in symptoms and or signs suggestive of significant pathology, MRI of the cervical spine is not medically necessary.

Physical therapy on the cervical/lumbar spines, and bilateral knees QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Low Back, and Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the cervical and lumbar spine and bilateral knees #12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine disc bulges; lumbar spine surgery; right knee surgery; and left knee strain. An AME was conducted on February 23, 2015. The AME stated the injured worker was at maximum medical improvement with respect to the cervical spine. The injured worker received extensive physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There were no compelling clinical facts in the medical record to warrant additional physical therapy. The most recent documentation in the medical record is dated December 4, 2014. The request for authorization is dated March 9, 2015. There is no contemporaneous documentation on or about March 9, 2015. Consequently, absent clinical documentation with compelling clinical facts warranting additional physical therapy to the cervical and lumbar spine, physical therapy to the cervical and lumbar spine and bilateral knees #12 sessions is not medically necessary.