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| Case Number: | CM15-0081891 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 05/07/2014 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 5/7/14. She reported neck, mid and low back and right hip injuries. The injured worker was diagnosed as having cervical spine pain, thoracic spine sprain/strain, lumbago, lumbar radiculopathy, right hip pain, right inguinal hernia and meralgia paresthetica. Treatment to date has included oral medications, PT, utilization of cane for ambulation and activity restrictions. The records indicate that the IW has had several X-rays, MRI and EMG/NCV studies but the reports were not available for review. Currently, the injured worker complains of burning, radicular neck pain and muscle spasms, rated 9/10; burning radicular mid back pain and muscle spasms rated 9/10; burning radicular low back pain and muscle spasms rated 9/10, burning right hip pain and muscle spasms rated 9/10 and sharp stabbing pain at right groin and abdomen. The injured worker states medications offer temporary relief of pain and improve her ability to have restful sleep. Physical exam noted tenderness to palpation to the splenius, scalene, trapezius and levator scapulae muscles and over greater occiput, greater on right; tenderness to palpation at distal, mid and proximal trapezius muscles with minimal limitation in range of motion of thoracic spine and lumbar spine exam. There was tenderness to palpation at paralumbar muscles, quadratus lumborum and lumbosacral junction with trigger points noted and restricted range of motion; tenderness to palpation at anterior superior iliac spine, greater trochanter and right inguinal fold on exam of right hip with restricted range of motion and inguinal hernia is noted on abdominal palpation. The treatment plan included continuation of oral medications, topical medications and physical therapy and recommended x-rays of cervical, thoracic and lumbar spine as well as right

hip, chiropractic treatment and (MRI) magnetic resonance imaging of cervical, thoracic and lumbar spine as well as right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of musculoskeletal pain that did not resolve with conservative treatments of medications and PT. The records indicate that the undergone several radiological tests during visits to the emergency rooms as well as tests ordered by other physicians. There is no documentation that the current physician who requested these X-ray tests had obtained and reviewed the previous radiological reports. The reports of the previously completed EMG/NCV studies had not been requested or reviewed. The subjective and objective findings did not show progressive neurological deficits. The criteria for the X-ray of the cervical spine were not met. Therefore the request is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & thoracic, Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines 9792.23.5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of musculoskeletal pain that did not resolve with conservative treatments of medications and PT. The records indicate that the undergone several radiological tests during visits to the emergency rooms as well as tests ordered by other physicians. There is no documentation that the current physician who requested these X-ray tests had obtained and reviewed the previous radiological reports. The reports of the previously completed EMG/NCV studies had not been requested or reviewed. The subjective and objective findings did not show progressive neurological deficits. The criteria for the X-ray of the lumbar spine were not met. Therefore the request is not medically necessary.

X-ray of the right hip: 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), Hip & Pelvis, X-ray.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hips and Pelvis.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of musculoskeletal pain that did not resolve with conservative treatments of medications and PT. The records indicate that the undergone several radiological tests during visits to the emergency rooms as well as tests ordered by other physicians. There is no documentation that the current physician who requested these X-ray tests had obtained and reviewed the previous radiological reports. The reports of the previously completed EMG/NCV studies had not been requested or reviewed. The subjective and objective findings did not show progressive neurological deficits. The criteria for the X-ray of the hips was not met. The request is not medically necessary.

X-ray of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of musculoskeletal pain that did not resolve with conservative treatments of medications and PT. The records indicate that the undergone several radiological tests during visits to the emergency rooms as well as tests ordered by other physicians. There is no documentation that the current physician who requested these X-ray tests had obtained and reviewed the previous radiological reports. The reports of the previously completed EMG/NCV studies had not been requested or reviewed. The subjective and objective findings did not show progressive neurological deficits. The criteria for the X-ray of the thoracic spine were not met. The request is not medically necessary.

LINT (Localized Intense Neurostimulation Therapy) 1 x 6: 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), Localized high-intensity neurostimulation; Low Back, Hyperstimulation analgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that neurostimulation treatments can be utilized for the treatment of musculoskeletal pain syndrome. The records indicate that the patient had previously completed PT as well as various physical treatment modalities. The current provider did not include reports of significant functional restoration following past treatments. The criteria for Localized intense Neurostimulation therapy (LINT) were not met. The request is not medically necessary.

Chiropractic Treatment 1 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back. Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical/ chiropractic therapy treatments can be utilized for the treatment of musculoskeletal pain syndrome. The records indicate that the patient had previously completed PT as well as various physical treatment modalities. The records provided by the treating physician did not include documentation of significant functional restoration following past physical treatments. The criteria for chiropractic treatments X 4 were not met. Therefore the request is not medically necessary.