

Case Number:	CM14-0144700		
Date Assigned:	09/29/2014	Date of Injury:	07/14/2014
Decision Date:	11/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 7/14/14. A utilization review determination dated 8/9/14 recommends non-certification of x-rays; ROM, muscle, and sensory testing; and consultation with pain medicine. Physical Therapy was modified from 18 sessions to 6 sessions. 7/28/14 medical report identifies upper and lower back pain. X-rays of the low back and pelvis were performed on 7/16/14. She was provided physical modalities and medication. On exam, there was decreased ROM of the thoracic and lumbar spine. Recommendations included physical therapy, digital ROM, myometry, and sensory testing, and "x-rays of the thoracic spine, lumbar spine, and pelvis were indicated since they had not been done sufficiently recently." A pain management consultation was recommended for "incipient chronic pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times per week for six weeks (3x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 and Official Disability Guidelines (ODG)

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) Preface, Neck & Upper Back, and Low Back Chapters

Decision rationale: Regarding the request for physical therapy, the California MTUS and Official Disability Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of a recent injury with limited ROM and no indication of completion of prior physical therapy sessions. However, the request exceeds the amount of physical therapy recommended by the California MTUS and, unfortunately, there is no provision for modification of the current request as recommended by the utilization reviewer. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

X-ray 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there is no documentation of any red flags and the request was made approximately 2 weeks after the date of injury. Furthermore, it was noted that previous x-rays were performed and the requesting provider had not yet reviewed them, and there was no clear rationale presented for repeating the studies prior to completion of conservative management, which was pending. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

X-ray of Pelvis: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-Ray

Decision rationale: Regarding the request for x-ray of the pelvis, the California MTUS does not specifically address the issue. Official Disability Guidelines states that "Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury... X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. Within the documentation available for review, there is no indication of trauma or symptoms/findings suggestive of osteoarthritis or other hip/pelvis pathology. There is no documentation of any red flags and the request was made approximately 2 weeks after the date of injury. Furthermore, it was noted that previous x-rays were performed and the requesting

provider had not yet reviewed them, and there was no clear rationale presented for repeating the studies prior to completion of conservative management, which was pending. In the absence of clarity regarding those issues, the currently requested x-ray of the pelvis is not medically necessary.

X-ray of thoracic 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding request for thoracic spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, there is no documentation of any red flags and the request was made approximately 2 weeks after the date of injury. Furthermore, there was no clear rationale presented for repeating the studies prior to completion of conservative management, which was pending. In the absence of clarity regarding those issues, the currently requested thoracic x-ray is not medically necessary.

Muscle and sensory testing of upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 and Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 33, 89, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing

Decision rationale: Regarding the request for muscle and sensory testing, California MTUS, ACOEM, and Official Disability Guidelines support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested muscle and sensory testing is not medically necessary.

Muscle and sensory testing of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 and Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 33, 89, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing

Decision rationale: Regarding the request for muscle and sensory testing, California MTUS, ACOEM, and Official Disability Guidelines support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested muscle and sensory testing is not medically necessary.

Range of motion digital of thoracic 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) and AMA Guideline

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 33, 89, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing

Decision rationale: Regarding the request for range of motion digital of thoracic spine, California MTUS, ACOEM, and Official Disability Guidelines support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion digital of thoracic spine is not medically necessary.

Range of motion digital 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 33, 89, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing

Decision rationale: Regarding the request for range of motion digital of lumbar spine, California MTUS, ACOEM, and Official Disability Guidelines support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion digital of lumbar spine is not medically necessary.

Consultation with pain medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for consultation with pain medicine, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the provider notes that the consultation is recommended for "incipient chronic pain," but the request was made only approximately 2 weeks after the date of injury, well before the chronic stage. Furthermore, there are no red flags documented or another clear indication for pain management in a recent injury prior to completion of initial conservative treatment, which was noted to be pending. In light of the above issues, the currently requested consultation with pain medicine is not medically necessary.