

Case Number:	CM14-0148590		
Date Assigned:	09/18/2014	Date of Injury:	01/14/2014
Decision Date:	10/31/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 33-year-old male with a reported date of injury on 01/14/2014. The injury reportedly occurred when the injured worker had a 300 lb steel pipe fall on top of him. His diagnoses were noted to include degenerative disc disease of the cervical spine with trapezius and rhomboid muscle spasm and degenerative disc disease of the lumbar spine. Previous treatments were noted to include hot packs, massage, and physical therapy to the lumbar spine. The progress note dated 07/21/2014 revealed complaints of numbness and tingling to the left upper arm. The injured worker complained of muscle spasms that he had been utilizing hot packs for. The injured worker described his pain as numbness, tingling, and burning, and also complained the bottoms of his feet were numb. The physical examination revealed limited range of motion with associated trapezius and rhomboid muscle spasm and radicular symptom. The physical examination of the lumbar spine revealed a heel and toe walk, but had a right leg length discrepancy and associated muscle spasms. The physical examination of the left shoulder was noted to have full range of motion, but when he brought his to about the level of his shoulder, he had significant pain. There was also pain with internal and external rotation, and when he had a flexed arm, had had pain. The range of motion was diminished, and there was evidence of paraspinal muscle spasms bilaterally. The provider indicated an MRI of the cervical spine was needed for further evaluation and treatment, as well as physical therapy. The Request for Authorization form dated 08/14/2014 was for an MRI to the cervical spine, MRI for the lumbar spine for evaluation and treatment, and physical therapy 3 times a week for 6 weeks to the neck, low back, and left shoulder; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, low back and left shoulder, 3 times a week for 6 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guideline, Web Based Edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 78.

Decision rationale: The injured worker has participated in previous physical therapy for the low back. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance of functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. The documentation provided indicated current measurable functional deficits; however, there was a lack of documentation regarding quantifiable objective functional improvements to the lumbar spine with previous physical therapy sessions and the number completed. Additionally, the request for 18 sessions of physical therapy exceeds guideline recommendations. The request for physical therapy for the neck, low back and left shoulder, 3 times a week for 6 weeks is not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guideline, Web Based Edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

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

Decision rationale: The injured worker complains of muscle spasms, numbness, and tingling to the lower extremities down the L4-5 distribution, and numbness to the bottoms of his feet. The CA MTUS/ACOEM Guidelines 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction

should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consult the selection of an imaging test to define a potential cause, such as an MRI for a neurological deficit. The guidelines state an MRI can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. There is a lack of documentation showing significant neurological deficits in a specific dermatomal distribution. Therefore, the request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guideline, Web Based Edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

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

Decision rationale: The injured worker complained of; trapezius and rhomboid muscle spasms, and numbness and tingling to the left upper arm. The CA MTUS/ACOEM Guidelines state the criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, a failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing, or bone scans. Unequivocal findings to identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consult regarding next steps, including the selection of an imaging test to define a potential cause, such as an MRI for a neurological deficit. The guidelines state an MRI can be used to identify and define an anatomic defect. There is a lack of documentation showing specific neurological deficits in a specific dermatomal distribution. Therefore, the request is not medically necessary.