

Case Number:	CM14-0160665		
Date Assigned:	10/06/2014	Date of Injury:	06/28/2007
Decision Date:	11/06/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 60-year-old male with a 6/28/07 date of injury; when he fell off a ladder and sustained injuries to the neck and lower back. The patient underwent L2-S1 fusion in 2011. The note dated 7/1/13 stated that the patient was authorized for physical therapy and had started the sessions. The cervical spine MRI dated 3/12/2008 demonstrated moderately severe central spinal canal stenosis and mild neural foraminal narrowing at the C4-C5 and C6-C7 levels. The cervical spine radiographs dated 4/9/14 revealed disc narrowing at several levels with hypertrophic spurs and no dynamic instability. The patient was seen on 4/9/14 with complaints of neck, bilateral arm and low back pain and feelings of imbalance. Exam findings revealed positive Lhermitte's test, positive Hoffman's test and increased pain with the range of motion of the neck. The diagnosis is cervical stenosis, myelopathy, lumbago, cervicgia, radiculitis, and status post lumbar fusion. Treatment to date: work restrictions, lumbar surgery, physical therapy and medications. An adverse determination was received on 9/26/14 for lack of cervical spinal red flag conditions; no documentation of decreased range of motion or strength in the lumbar spine. The request for Celebrex 200mg was modified to #30 given, that the quantity was not specified.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG) Neck and Upper Back Chapter-MRI)

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The progress notes indicated that the patient underwent a cervical MRI on 3/12/2008, which demonstrated moderately severe central spinal canal stenosis and mild neural foraminal narrowing at the C4-C5 and C6-C7 levels. However, the latest physical examination dated 4/9/14 did not reveal any red flag conditions in the cervical spine and there was no evidence of neurologic dysfunction documented. Therefore, the request for MRI of the cervical spine without contrast was not medically necessary.

Physical therapy 2 x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): age 98-99). Decision based on Non-MTUS Citation 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114)

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress note dated 7/1/13 stated that the patient was authorized for physical therapy and had started the sessions. However, there is a lack of documentation indicating subjective or objective functional gains from the treatment. In addition, there is no rationale with clearly specified goals from an additional PT sessions. Lastly, given that the injury occurred in 2007 it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical therapy 2 x 6 for the lumbar spine was not medically necessary.

Retro Celebrex 200mg #30, DOS: 4/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Celebrex Page(s): (page 22). Decision based on Non-MTUS Citation FDA Celebrex

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. The UR decision dated 9/26/14 approved 1 prescription of Celebrex 200mg #30. Therefore, the request for Retro Celebrex 200mg #30, DOS: 4/9/14 was not medically necessary.

Retro X-rays of the cervical spine, DOS: 4/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The progress notes indicated that the patient underwent a cervical spine radiographs on 4/9/14 and that they revealed disc narrowing at several levels with hypertrophic spurs and no dynamic instability. However, the physical examination did not reveal any red flag conditions in the cervical spine and there was no evidence of neurologic dysfunction documented. In addition, there is no rationale with regards to the necessity for radiographs of the cervical spine. Therefore, the request for Retro X-rays of the cervical spine, DOS: 4/9/14 was not medically necessary