

Case Number:	CM14-0029311		
Date Assigned:	06/20/2014	Date of Injury:	07/23/1991
Decision Date:	09/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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 case involves a 76 year old male who filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of July 23, 1991. Thus far, the Injured Worker has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; muscle relaxants; and earlier lumbar fusion surgery. In a Utilization Review Report dated February 3, 2014, the claims administrator denied a request for hip MRI, lumbar MRI, and 16 to 24 sessions of physical therapy. The claims administrator cited non-MTUS Third Edition ACOEM Guidelines in its lumbar MRI denial, although the MTUS did address the topic. The Injured Worker's attorney subsequently appealed. On October 3, 2013, the Injured Worker presented with persistent complaints of low back and bilateral lower extremity pain. He stated that his pain was throbbing and worsened with walking and it was acknowledged he was using a spinal cord stimulator. In addition, the Injured Worker's medications included Norvasc, Lipitor, Celebrex, Clarithromycin, Flonase, Glipizide, Hydrochlorothiazide, Norco, Motrin, Kombiglyze, Zestril, Losartan, Metformin, Meloxicam, Medrol, Rapaflo, Tribenzor, Effexor, Vicodin, and Zanaflex. The Injured Worker was ambulating with the aid of a cane. The examination revealed that there was diminished right lower extremity strength which scored at 4/5 and the left lower extremity was also scored at 4/5 about the EHL muscle group. Treatment plan included 16 to 24 sessions of physical therapy, Vicodin, Morphine, Lyrica, And Celebrex, Tizanidine, and spinal cord stimulator reprogramming. On October 29, 2013, the Injured Worker was again described as having heightened complaints of low back pain radiating to the bilateral lower extremities. He was ambulating with the aid of a cane and did exhibit diminished motion about the bilateral lower extremities. Multiple medications were refilled on this occasion as well. The request for physical therapy was reiterated, as was the request for a topical compounded medication. On November 27, 2013, the attending provider noted that the Injured

Worker had persistent complaints of pain and was using the spinal cord stimulator for about five to six hours per 24-hour day. The Injured Worker had persistent complaints of low back and left hip pain. He was again ambulating with the aid of a cane and had diminished lower extremity strength which was scored at 4/5. The Hip MRI imaging, topical compounds, and physical therapy were sought. On December 26, 2013, the Injured Worker again presented with persistent complaints of low back and bilateral lower extremity pain. He had numbness, tingling, and paresthesias as well as diminished lower extremity symptoms were again appreciated. On this occasion, both hip and lumbar MRI imagines were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Hip MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, MRI section. ACOEM V.3 > Hip and Groin > Diagnostic Testing > MRI Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Strength of Evidence - Not Recommended, Insufficient Evidence (I) Rationale for Recommendations.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Hip and Groin Chapter, MRI imaging of the hip is not recommended for routine evaluation of acute, subacute, or chronic hip pathology, including degenerative joint disease. In this case, the applicant is 76 years old and male, making hip arthritis the most likely diagnostic consideration. As noted by ACOEM, MRI imaging is not routinely recommended for evaluation of chronic hip degenerative joint disease. No rationale for selection of the hip MRI in question was furnished by the attending provider which would offset the unfavorable ACOEM position on the same. It was not clearly stated what was sought or what was suspected. In addition, it was not clearly stated that first line plain films were performed and were nondiagnostic. Therefore, the request is not medically necessary.

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): MRI.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red

flag diagnoses are being evaluated. In this case, the applicant has longstanding, well-known lumbar radiculopathy, at age 76. It appears that the injured worker may have had earlier spine surgery and/or is status post spinal cord stimulator implantation. It does not appear that the applicant is actively considering or contemplating further lumbar spine surgery. It was not stated why the MRI imaging in question is being sought and how, why, or if MRI imaging would alter the treatment plan or clinical presentation. It was not clearly stated that the applicant would consider surgical intervention were it offered to him. Therefore, the request is not medically necessary.

PT(Physical Therapy) 2-3 times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine topic. Page(s): 99.

Decision rationale: The 16- to 24-session course of treatment proposed, in and of itself, represents treatment well in excess of the 8- to 10-session course recommended by the MTUS guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider, particularly when both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasized active therapy, active modalities, and self-directed home physical medicine. Therefore, the request is not medically necessary.