

Case Number:	CM14-0202066		
Date Assigned:	12/12/2014	Date of Injury:	06/03/2013
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 48-year-old male with date of injury 06/03/2013. The listed diagnoses from the AME dated 09/10/2014 are: 1. Chronic sprain/strain of the cervicothoracic spine and associated musculoligamentous ligamentous structures. 2. Consider cervical disc intraspinal injury. 3. Chronic sprain/strain of thoracolumbosacral spine and associated musculoligamentous ligamentous structures. 4. Consider lumbar disc intraspinal injury. 5. Status post lumbar spine surgery from May 2011. 6. Post-traumatic stress reaction. According to this report, the patient complains of aching, stiffness in the neck and shoulder area. His low back pain radiates down to both legs. The patient walks with a limp. He is unsteady on his feet and he needs to walk with a cane. The patient is depressed because he is not able to work and cannot walk. The patient utilizes gabapentin, cyclobenzaprine and Norco for pain. Examination shows tenderness at C3 through C5. Tenderness at L1 through S1 in the lumbar paraspinal muscles. Tenderness was also noted in the sacroiliac joints. Romberg's test is positive. The 10/22/2014 report was difficult to decipher. However, it was noted that no changes in symptoms were reported. The documents include an AME report from 09/10/2014 and a progress report from 10/22/2014. The utilization review denied the request on 11/21/2014.

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 with gadolinium: 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): 177 and 178.

Decision rationale: This patient presents with neck, shoulder, and low back pain that radiates down both legs. The physician is requesting an MRI of the cervical spine with gadolinium. The ACOEM Guidelines has the following criteria for ordering imaging studies on page 177 and 178: (1) emergence of a red flag, (2) physiologic evidence of tissue insult or neurologic dysfunction, (3) failure to progress in the strengthening program intended to avoid surgery, (4) clarification of anatomy prior to invasive procedure. The records do not show any previous MRI of the cervical spine. The physician is requesting an MRI to "assess the patient's disability." The examination from the 09/10/2014 AME report shows tenderness at C3 through C5, he does report radicular symptoms to the bilateral legs. However, none of the reports discuss sensory, motor or neurological deficits. In this case, the patient does not meet the criteria set forth by the ACOEM guidelines to warrant an MRI of the cervical spine. The request is not medically necessary.

Enhanced MRI of the lumbar spine: Upheld

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

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

Decision rationale: This patient presents with neck, shoulder, and low back pain that radiates down both legs. The physician is requesting an enhanced MRI of the lumbar spine. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The records do not show any previous MRI of the lumbar spine. The physician is requesting imaging studies to "determine treatment and impairment." The examination from the 09/10/2014 report shows tenderness in the lumbar paraspinal muscles. No red flags were reported. There is no discussion of motor, sensory or neurologic deficits. In this case, the patient does not meet the required criteria by the ACOEM guidelines for an MRI of the lumbar spine. The request is not medically necessary.

Range of Motion Studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170;293.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on functional improvement measures.

Decision rationale: This patient presents with neck, shoulder, and low back pain that radiates down both legs. The physician is requesting range of motion studies. The MTUS and ACOEM Guidelines do not address this request. However, the ODG under the Pain Chapter on functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. In this case, the ODG does recommend ROM testing as part of follow-up visits and routine examination. It is not recommended as a separate billable service. The request is not medically necessary.

Neurologic Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182;309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter on Nerve conduction studies (NCS) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS).

Decision rationale: This patient presents with neck, shoulder, and low back pain that radiates down both legs. The physician is requesting a neurologic testing. From the 09/10/2014 AME report, it appears that the request is for neurologic testing for both the upper and lower extremities. ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) states, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." In addition, ODG Low Back chapter on Nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The reports do not show any previous NCV of the upper and lower extremities. No abnormal sensory and motor exam was noted in any of the reports provided. However, the physician does note radicular symptoms to the bilateral legs. In this case, the ODG Guidelines do not support NCV when the patient is presumed to have symptoms on the basis of radiculopathy. The request is not medically necessary.

Supportive Psychiatric Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatments Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress Chapter on Cognitive Behavior Therapy.

Decision rationale: This patient presents with neck, shoulder, and low back pain that radiates down both legs. The physician is requesting supportive psychiatric treatment. The MTUS Guidelines pages 101 to 102 on psychological treatments, states that it is recommended for appropriately identified patients during treatment of chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The ODG under the Mental Stress Chapter on Cognitive Behavior Therapy recommends an initial trial of 3 to 4 psychotherapy visits over 2 weeks and, with evidence of objective functional improvement, up to 6 to 10 visits over 5 to 6 weeks. The records do not show that the patient has received psychiatric treatment in the past. The physician is requesting treatment to "help him comprehend and cooperate with his medical orthopedic treatment." It was noted on the 09/10/2014 AME report that the patient is depressed. In this case, while the patient can benefit from behavioral intervention given his chronic pain, the physician does not specify the duration of the request. The request is not medically necessary.

Second opinion as to treatment from orthopedic specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 180;306.

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) Chapter 7, page 127, ORTHOPEDIC SPECIALIST.

Decision rationale: This patient presents with neck, shoulder, and low back pain that radiates down both legs. The physician is requesting a second opinion as to the treatment from Orthopedic Specialist. The ACOEM guidelines page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The records do not show any previous referral to an orthopedic specialist. The 09/10/2014 report shows that the patient is getting worse progressively. It appears that the physician is requesting a second opinion to determine the direction of treatment. In this case, the ACOEM guidelines support referrals to other specialists and the request is medically necessary.