

Case Number:	CM14-0213249		
Date Assigned:	12/30/2014	Date of Injury:	09/14/2000
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 58 year old male with an injury date of 09/14/00. Based on the 09/23/14 progress report provided by treating physician, the patient complains of pain to the low back, bilateral wrists and hands. Neurologic examination dated 07/17/14 revealed patient continues "to have marked deformities of his upper and lower extremities as well as significant dexterity issues and gait abnormalities." The patient has limited range of motion to the neck. Patient's continues to walk with a cane. Per progress report dated 07/01/14, treater states that patient "had some benefit with acupuncture treatment..." Toxicology report dated 08/18/14 showed patient was positive for Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen. Per neurosurgical report dated 07/17/14, treater recommends "the patient undergo C3-T1 laminectomies, bilateral foraminotomies accompanied by a C3-T2 posterior segmental instrumented fusion." Treater states the patient "has failed non-operative care in regards to his cervical spine. This includes rest, home exercises, formal course of physiotherapy, medications, and epidural steroid injections. Patient will require "24 physical therapy sessions postoperatively to restore function." Per neurosurgical report dated 10/23/14, treater is requesting "MRI of the lumbar spine and flexion and extension x-rays, criteria is met with emergence of red flag;" in patient's "case that is radicular symptoms in his lower extremities as well as persistence of pain that lasts greater than 6 weeks." Per neurosurgical report dated 10/23/14, treater is requesting MRI of the right shoulder due to "profound increase in pain." Patient has not had any chiropractic or physical therapy for some time. Acupuncture therapy notes dated 01/07/14 - 02/04/14 were provided, which showed 5 visits were attended. Per treater report dated 11/14/14,

the patient is temporarily totally disabled. EMG Upper and Lower Extremities, per neurosurgical report dated 10/23/14- Severe abnormalities throughout upper and lower extremities consisting of bilateral chronic cervical and lumbosacral polyradiculopathy- Moderate to severe bilateral median neuropathies of the wrists MRI of the Cervical Spine 02/11/14, per neurosurgical report dated 07/17/14- Severe degenerative disc and joint changes from C2-C3 to T2-T3- Significant cord compression at C6-C7 with severe central canal stenosis, Mild to moderate central canal stenosis to adjacent levels, Severe foraminal stenosis from C3, T1 Diagnosis 10/23/14, Severe degenerative disc and joint changes from C2-C3 to T2-T3, Severe foraminal stenosis from C3-T1- Right shoulder pain. Diagnosis 09/23/14, 11/04/14- Cervical and lumbar spondylosis, post right total hip arthroplasty, 12/15/97, Post arthroscopy, right knee, 1997, fused left hip, Gout- Osteoarthritis, Depression, Status post left total hip arthroplasty, with subtrochanteric femoral osteotomy and bone grafting, 08/03/12. The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 01/14/14 - 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine including flexion & extension: 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), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging) (L-spine) Neck and Upper Back (Acute & Chronic) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Standing MRI.

Decision rationale: The patient presents with pain to the low back. The request is for MRI OF THE LUMBAR SPINE INCLUDING FLEXION AND EXTENSION. Patient's continues to walk with a cane. Patient's diagnosis on 11/04/14 included lumbar spondylosis. Per progress report dated 07/01/14, treater states that patient "had some benefit with acupuncture treatment..." Toxicology report dated 08/18/14 showed patient was positive for Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen. Per treater report dated 11/14/14, the patient is temporarily totally disabled. ACOEM guidelines, Chapter 12, page 303 states: "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 who would consider surgery an option." For chronic pain, ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine): "Indication for imaging for uncomplicated low back pain with radiculopathy recommends at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended if there is a prior lumbar surgery." ODG-TWC, Neck and Upper Back (Acute & Chronic) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Standing MRI states: "Not recommended over conventional MRIs." Per neurosurgical report dated 10/23/14, treater is requesting "MRI of the lumbar spine and flexion and extension x-rays, criteria is met with emergence of red flag;" in patient's "case that is radicular symptoms in his lower extremities as well as persistence of pain

that lasts greater than 6 weeks." EMG of the lower extremities, per neurosurgical report dated 10/23/14 revealed severe abnormalities throughout lower extremities consisting of bilateral chronic lumbosacral polyradiculopathy. There is no record of prior lumbar MRI in review of medical records, and symptoms persist despite conservative care. Though radicular symptoms are not considered "red flags," the request for MRI of the lumbar spine is reasonable and would be indicated by guidelines. However, the request itself states "MRI of the lumbar spine including flexion and extension," which refers to "standing MRI." According to ODG, standing MRI is not recommended over conventional MRI's. Therefore, the request IS NOT medically necessary.

MRI of the right shoulder: 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), Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain to the low back, bilateral wrists and hands. The request is for MRI OF THE RIGHT SHOULDER. Patient's diagnosis on 09/23/14 included right shoulder pain. EMG of the upper and lower extremities, per neurosurgical report dated 10/23/14 revealed severe abnormalities throughout upper and lower extremities consisting of bilateral chronic cervical and lumbosacral polyradiculopathy. Per neurosurgical report dated 07/17/14, treater recommends "the patient undergo C3-T1 laminectomies, bilateral foraminotomies accompanied by a C3-T2 posterior segmental instrumented fusion." Treater states the patient "has failed non-operative care in regards to his cervical spine. This includes rest, home exercises, and formal course of physiotherapy, medications, and epidural steroid injections. Toxicology report dated 08/18/14 showed patient was positive for Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen. Per treater report dated 11/14/14, the patient is temporarily totally disabled. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continues to state that the primary criteria for ordering imaging studies include:- Emergency red flags.- Physiologic evidence of tissue insult.- Failure to progress in strengthening program.- Clarification of anatomy prior to an invasive procedure. ODG-TWC, Shoulder (Acute & Chronic) Chapter under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)"Per neurosurgical report dated 10/23/14, treater is requesting MRI of the right shoulder due to "profound increase in pain." Physical examination to the shoulder has not been documented in review of medical records. The patient does not have any emergence of red flags,

physiologic evidence of tissue insult, or any mention of failure to progress in a strengthening program for the shoulder, as required by guidelines. There are no discussions of suspected rotator cuff tear/ impingement, or surgery to the shoulder, either. MRI of the shoulder cannot be warranted due to "increase in pain," without guideline indications. Therefore, the request IS NOT medically necessary.

12 sessions of physical therapy for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain to the low back. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LOW BACK. Patient's diagnosis on 11/04/14 included lumbar spondylosis. EMG of the upper and lower extremities, per neurosurgical report dated 10/23/14 revealed severe abnormalities throughout the lower extremities consisting of bilateral chronic lumbosacral polyradiculopathy. Toxicology report dated 08/18/14 showed patient was positive for Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen. Per treater report dated 11/14/14, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per neurosurgical report dated 07/17/14, treater recommends "the patient undergo C3-T1 laminectomies, bilateral foraminotomies accompanied by a C3-T2 posterior segmental instrumented fusion." Patient will require "24 physical therapy sessions postoperatively to restore function." It appears treater is requesting 12 sessions for the cervical spine and 12 for the lumbar. Treater states that the patient has not had any chiropractic or physical therapy for some time. Given patient's diagnosis, a short course of physical therapy to the lumbar spine would be indicated. However, the request for 12 sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.

12 sessions of chiropractic for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59; 8.

Decision rationale: The patient presents with pain to the low back. The request is for 12 SESSIONS OF CHIROPRACTIC FOR THE LOW BACK. Patient's diagnosis on 11/04/14

included cervical and lumbar spondylosis. EMG of the lower extremities, per neurosurgical report dated 10/23/14 revealed severe abnormalities throughout the lower extremities consisting of bilateral chronic lumbosacral polyradiculopathy. Toxicology report dated 08/18/14 showed patient was positive for Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen. Per treater report dated 11/14/14, the patient is temporarily totally disabled. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater states "patient has not had any chiropractic or physical therapy for some time." In this case, chiropractic treatment history is not known. Given the patient's diagnosis, a short course of 6 sessions would be reasonable. However, the request for 12 sessions exceeds guideline indications, and cannot be warranted without documentation of objective functional improvement from prior treatment. Therefore, the request IS NOT medically necessary.

12 sessions of chiropractic for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain to the low back, bilateral wrists and hands. The request is for 12 SESSIONS OF CHIROPRACTIC FOR THE CERVICAL SPINE. Patient's diagnosis on 11/04/14 included cervical spondylosis. EMG of the upper extremities, per neurosurgical report dated 10/23/14 revealed severe abnormalities throughout upper extremities consisting of bilateral chronic cervical polyradiculopathy. Toxicology report dated 08/18/14 showed patient was positive for Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen. Per neurosurgical report dated 07/17/14, treater recommends "the patient undergo C3-T1 laminectomies, bilateral foraminotomies accompanied by a C3-T2 posterior segmental instrumented fusion." Treater states the patient "has failed non-operative care in regards to his cervical spine. This includes rest, home exercises, and formal course of physiotherapy, medications, and epidural steroid injections. Patient will require "24 physical therapy sessions postoperatively to restore function." Per treater report dated 11/14/14, the patient is temporarily totally disabled. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. Treater states "patient has not had any chiropractic or physical therapy for some time." In this case, chiropractic treatment history is not known. Given the patient's diagnosis, a short course of 6 sessions would be reasonable. However, the request for 12 sessions exceeds guideline indications, and cannot be warranted without documentation of objective functional improvement from prior treatment. Therefore, the request IS NOT medically necessary.

12 sessions of physical therapy for the cervical spine: Upheld

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

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) Neck and Upper Back (Acute & Chronic) Chapter under Physical therapy (PT).

Decision rationale: The patient presents with pain to the low back, bilateral wrists and hands. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE. Patient's diagnosis on 11/04/14 included cervical and lumbar spondylosis. EMG of the upper and lower extremities, per neurosurgical report dated 10/23/14 revealed severe abnormalities throughout upper and lower extremities consisting of bilateral chronic cervical and lumbosacral polyradiculopathy. Toxicology report dated 08/18/14 showed patient was positive for Hydrocodone, Hydromorphone, Norhydrocodone and Acetaminophen. Per neurosurgical report dated 07/17/14, treater recommends "the patient undergo C3-T1 laminectomies, bilateral foraminotomies accompanied by a C3-T2 posterior segmental instrumented fusion." Treater states the patient "has failed non-operative care in regards to his cervical spine. This includes rest, home exercises, and formal course of physiotherapy, medications, and epidural steroid injections. Patient will require "24 physical therapy sessions postoperatively to restore function." Patient has not had any chiropractic or physical therapy for some time. Acupuncture therapy notes dated 01/07/14 - 02/04/14 were provided, which showed 5 visits were attended. Per treater report dated 11/14/14, the patient is temporarily totally disabled. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Physical therapy (PT) states: "Indications for ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks" MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per neurosurgical report dated 07/17/14, treater recommends "the patient undergo C3-T1 laminectomies, bilateral foraminotomies accompanied by a C3-T2 posterior segmental instrumented fusion." Patient will require "24 physical therapy sessions postoperatively to restore function." It appears treater is requesting 12 sessions for the cervical spine and 12 for the lumbar. Treater states that the patient has not had any chiropractic or physical therapy for some time. Given anticipated surgery, the request for 12 sessions would be reasonable and indicated by guidelines. However, there is no mention that the surgery has been authorized. Furthermore, based on non-surgical guideline recommendations, the request for 12 sessions of physical therapy would exceed allowable visits for the patient's condition. Therefore, the request IS NOT medically necessary.

