MAXIMUS Federal Services

Case Number:	CM14-0217786		
Date Assigned:	01/07/2015	Date of Injury:	02/06/2014
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old female sustained work related industrial injuries on February 6, 2014. The mechanism of injury involved a fall while pushing a phlebotomy cart in the hospital hallway. The injured worker subsequently complained of neck, right shoulder, right hip and low back pain. Treatment consisted of electromyography and nerve conduction studies of the lower extremities, MRI scans of the right shoulder and lumbar spine, CT scan of chest, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated October 28, 2014, the provider noted that the injured worker showed signs of weakness in lower extremities, which was consistent with myelopathic problems involved in the lower lumbar spine . Most recent MRI performed on September 10, 2014 revealed a large multiobulated cystic lesion in her sacral spinal canal, impinging her S1-S3 nerves. The provider reported it could be directly related to the lower extremity weakness. Per treating provider report dated November 18, 2014, the injured worker complained of ongoing weakness in bilateral lower extremities with difficulty rising from a seated position. Objective findings revealed tenderness to palpitation in right shoulder. Documentation noted tenderness to palpitation in lumbar spine with spasm. The injured worker diagnoses included cervical spine strain, lumbar spine strain and shoulder impingement. As of November 18, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for spine specialist referral, physical therapy for the lumbar spine and lower extremities 2 times a week for 6 weeks, and medication refill for Quazepam now under review.On December 3, 2014, the Utilization Review (UR) evaluated the prescription for spine specialist referral, physical therapy for the lumbar spine and lower

extremities 2 times a week for 6 weeks, and refill of medication Quazepam requested on November 17, 2014. Upon review of the clinical information, UR non-certified the request for referral to a spine specialist, noting the lack of clinical documentation to support that the previously agreed upon neurology consultation preceded the spine surgery consult. The UR modified the request for physical therapy of the lumbar spine and lower extremities to 2 times a week for 4 weeks, based on the MTUS Guidelines. UR non-certified the request for medication refill of Quazepam. The UR rationale for denial of Quazepam was not provided. These UR decisions were subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a spine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The injured worker sustained a work related injury on February 6, 2014. The medical records provided indicate the diagnosis of cervical spine strain, lumbar spine strain and shoulder impingement. Treatments have included 12 physical therapy sessions, medications. There was an agreement between the treating doctor and the utilization reviewer for consultation with a neurologist; however, the outcome of the consultation is not known. The medical records provided for review do not indicate a medical necessity for Referral to a spine specialist. The injured worker has been referred for neurological evaluation and treatment; the outcome of this conservative approach is not known. The MTUS recommends that surgical referral be preceded by physiological screening and counselling. Furthermore, the MTUS recommends that in the absence of severe progressive neurological compromise, surgery could be delayed pending outcome of conservative measure, since about 80% of cases with apparent surgical indication recover without surgery. Therefore, the requested referral is not medically necessary and appropriate.

Physical therapy 2 times a week for 6 weeks to the lumbar spine and lower extremities: 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 injured worker sustained a work related injury on February 6, 2014. The medical records provided indicate the diagnosis of cervical spine strain, lumbar spine strain and

shoulder impingement. Treatments have included 12 physical therapy sessions, medications. There was an agreement between the treating doctor and the utilization reviewer for consultation with a neurologist; however, the outcome of the consultation is not known. The medical records provided for review do not indicate a medical necessity for Physical therapy 2 times a week for 6 weeks to the lumbar spine and lower extremities. The injured worker is reported to have had 12 sessions without benefit, but the MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.

Refill of medication Quazepam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on February 6, 2014. The medical records provided indicate the diagnosis of cervical spine strain, lumbar spine strain and shoulder impingement. Treatments have included 12 physical therapy sessions, medications. There was an agreement between the treating doctor and the utilization reviewer for consultation with a neurologist; however, the outcome of the consultation is not known.The medical records provided for review do not indicate a medical necessity for Refill of medication Quazepam. Quazepam belongs to the group of medications called benzodiazepines. The MTUS does not recommend them for long-term use beyond 4 weeks because long-term efficacy is unproven and there is a risk of dependence.