MAXIMUS Federal Services

Case Number:	CM15-0113556		
Date Assigned:	06/19/2015	Date of Injury:	08/01/2013
Decision Date:	09/24/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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 & Rehabilitation

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 injured worker is a 61-year-old male, who sustained an industrial injury on 08/01/2013. He has reported injury to the neck, right shoulder, right hand/wrist, bilateral knees, bilateral ankles/feet, and the mid and low back. The diagnoses have included headaches; cervicalgia; cervical radiculopathy; right shoulder sprain/strain; pain in thoracic spine; low back pain; lumbar disc displacement; lumbar radiculopathy; bilateral hip pain; bilateral knee medial meniscal tear; sprain of unspecified ligament of ankle, bilateral; anxiety; and sleep disorder. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and extracorporeal shockwave treatment. Medications have included Tabradol, Synapryn, Deprizine, Dicopanol, Fanatrex, Terocin Patches, Ketoprofen Cream, and Cyclobenzaprine cream. A progress report from the treating physician, dated 04/21/2015, documented an evaluation with the injured worker. Currently, the injured worker complains constant burning, radicular neck pain; the pain is rated as 8-9/10 on a pain analog scale; stiffness in the neck; pain is associated with numbness and tingling of the bilateral upper extremities; constant burning, radicular mid back pain; the pain is rated as 7-8/10 on a pain analog scale; constant sharp, stabbing low back pain; pain is rated as 6-7/10 on a pain analog scale; the pain is radiating to the bilateral lower extremities, and is associated with numbness and tingling; burning bilateral hip pain and muscle spasms; the pain is rated as 8/10 on a pain analog scale; dull, achy bilateral knee pain; the pain is rated as 8-9/10 on a pain analog scale; dull, achy bilateral ankle pain; the pain is rated as 8/10 on a pain analog scale; the right ankle pain is constant, while the left ankle pain is intermittent to frequent; his symptoms persist, but the medications do offer him temporary relief of pain and

improve his ability to have restful sleep; and the pain is also alleviated by activity restrictions. Documentation supports that prior physical therapy sessions have been helpful. Objective findings included tenderness to palpation at the suboccipital region, trapezius muscle s and over the sternocleidomastoid muscles; cervical range of motion is decreased; cervical distraction and maximal formaminal compression tests are positive; sensation to pinprick and light touch are slightly diminished over the C5, C6, C7, C8, an T1 dermatomes in the upper extremities; tenderness to palpation over the spinous process T1-T6; bilateral thoracic paraspinal muscle guarding; decreased thoracic spine range of motion; positive Kemp's sign; +2 tenderness to palpation at the spinous processes L2-L5; bilateral lumbar paraspinal muscle guarding; decreased lumbar spine range of motion; straight leg raise testing is positive bilaterally; palpable tenderness with spasms is noted at the bilateral quadriceps; decreased range of motion of the bilateral hips; +2 tenderness to palpation over the medial and lateral joint line of the bilateral knees; and decreased range of motion of the bilateral knees, right greater than left. The treatment plan has included the request for MRI of the lumbar spine; MRI of the cervical spine; MRI of the thoracic spine; one pain management consult for epidural steroid injection at cervical and lumbar spine; eighteen (18) physical therapy visits for the cervical, lumbar thoracic, and bilateral knees; and eighteen (18) acupuncture visits.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Repeat MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The current request is for MRI of the lumbar spine. The RFA is dated 05/21/15. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and extracorporeal shockwave treatment. The patient is not working. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRI's are indicated only if there has been progression of neurologic deficit." ODG guidelines further states that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Objective findings on 05/21/15 included tenderness to palpation at the suboccipital region, trapezius muscles and over the sternocleidomastoid muscles; cervical range of motion is decreased; cervical distraction and maximal foraminal compression tests are positive; sensation to pinprick and light touch are slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the upper extremities; tenderness to palpation over the spinous process

T1-T6; bilateral thoracic paraspinal muscle guarding; decreased thoracic spine range of motion; positive Kemp's sign; +2 tenderness to palpation at the spinous processes L2-L5; bilateral lumbar paraspinal muscle guarding; decreased lumbar spine range of motion; straight leg raise testing is positive bilaterally; palpable tenderness with spasms is noted at the bilateral quadriceps; decreased range of motion of the bilateral hips; +2 tenderness to palpation over the medial and lateral joint line of the bilateral knees; and decreased range of motion of the bilateral knees, right greater than left. The treater is requesting an MRI of the lumbar spine for further evaluation. The patient most recently underwent an MRI of the l-spine on 03/17/14, which showed disc desiccation noted through the lumbar spine, greatest at Level L3-4 with 4.4mm dis protrusion. There is also grade I anterolisthesis of the L5-S1. An x-ray of the l-spine was done on 04/07/14 which showed degenerative marginal osteophytes endplates through L1-L4. For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines Repeat MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The current request is for MRI of the cervical spine. The RFA is dated 05/21/15. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and extracorporeal shockwave treatment. The patient is not working. ACOEM Guidelines, chapter 8, page 177 and 178, state, "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." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI), have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Objective findings from 05/21/15 included tenderness to palpation at the suboccipital region, trapezius muscles and over the sternocleidomastoid muscles; cervical range of motion is decreased; cervical distraction and maximal foraminal compression tests are positive; sensation to pinprick and light touch are slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the upper extremities; tenderness to palpation over the spinous process T1-T6; bilateral thoracic paraspinal muscle guarding; decreased thoracic spine range of motion; positive Kemp's sign; +2 tenderness

to palpation at the spinous processes L2-L5; bilateral lumbar paraspinal muscle guarding; decreased lumbar spine range of motion; straight leg raise testing is positive bilaterally; palpable tenderness with spasms is noted at the bilateral quadriceps; decreased range of motion of the bilateral hips; +2 tenderness to palpation over the medial and lateral joint line of the bilateral knees; and decreased range of motion of the bilateral knees, right greater than left. The patient has had extensive imaging done for the cervical spine. MRI of the c-spine on 09/28/09 revealed 3mm disk bulge at C6-7 with moderate narrowing of the C7 neural foramina bilaterally. There was 2mm disk bulge at C3-4 and C4-5. Patient also had an x-ray of the c-spine on 08/07/13, which showed mild to moderate spondylosis. There is an updated MRI of the c-spine from 10/08/13, which showed at C4-5 large central disc protrusion and multilevel foramina stenosis. Another updated c-spine MRI dated 03/17/14 showed 1.9mm-2.0mm disc protrusions through the c-spine. A repeat x-ray of the c-spine on 04/07/14 showed decreased disc height at C3-4 and C5-6, degenerative anterior inferior endplate osteophytes of C4 through C6. In this case, there is no documentation or discussion of significant change in symptoms or findings. There is no discussion of progression of neurologic deficit, no red flags and no new injury to warrant a repeat MRI study. This request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Repeat MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The current request is for MRI of the thoracic spine. The RFA is dated 05/21/15. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and extracorporeal shockwave treatment. The patient is not working. ACOEM Guidelines, chapter 8, page 177 and 178, state, "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." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI), have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Objective findings from 05/21/15 included tenderness to palpation at the suboccipital region, trapezius muscles and over the sternocleidomastoid muscles; cervical range of motion is decreased; cervical distraction and maximal foraminal compression tests are positive; sensation to pinprick and light touch are

slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the upper extremities; tenderness to palpation over the spinous process T1-T6; bilateral thoracic paraspinal muscle guarding; decreased thoracic spine range of motion; positive Kemp's sign; +2 tenderness to palpation at the spinous processes L2-L5; bilateral lumbar paraspinal muscle guarding; decreased lumbar spine range of motion; straight leg raise testing is positive bilaterally; palpable tenderness with spasms is noted at the bilateral quadriceps; decreased range of motion of the bilateral hips; +2 tenderness to palpation over the medial and lateral joint line of the bilateral knees; and decreased range of motion of the bilateral knees, right greater than left. The patient underwent an MRI of the thoracic spine on 03/17/14, which showed left lateral scoliosis of the upper thoracic spine and early disc desiccation. The treater has requested an updated MRI. In this case, there is no discussion of progression of neurologic deficit, no red flags and no new injury to warrant a repeat MRI study. This request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.

One pain management consult for epidural steroid injection at cervical and lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section Therapeutic Procedures, Non-Operative) 4/27/2007, pg. 56.

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) ACOEM guidelines, chapter 7, page 127.

Decision rationale: The current request is for one pain management consult for epidural steroid injection at cervical and lumbar spine. The RFA is dated 05/21/15. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and extracorporeal shockwave treatment. The patient is not working. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Areferral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Objective findings from 05/21/15 included tenderness to palpation at the suboccipital region, trapezius muscles and over the sternocleidomastoid muscles; cervical range of motion is decreased; cervical distraction and maximal foraminal compression tests are positive; sensation to pinprick and light touch are slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the upper extremities; tenderness to palpation over the spinous process T1-T6; bilateral thoracic paraspinal muscle guarding; decreased thoracic spine range of motion; positive Kemp's sign; +2 tenderness to palpation at the spinous processes

L2-L5; bilateral lumbar paraspinal muscle guarding; decreased lumbar spine range of motion; and straight leg raise testing is positive bilaterally. The treater is requesting referral to a pain management specialist for consultation for possible consideration of ESI's for the cervical and lumbar spine. There is no indication that the patient has tried ESI's in the past. Given the MRI findings and radicular symptoms, a referral to a pain management specialist for further input on possible injection is reasonable and supported by ACOEM. This request is medically necessary.

Eighteen (18) physical therapy visits for the cervical, lumbar thoracic, and bilateral knees: 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 Physical Medicine Page(s): 98, 99.

Decision rationale: The current request is for Eighteen (18) physical therapy visits for the cervical, lumbar thoracic, and bilateral knees. The RFA is dated 05/21/15. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and extracorporeal shockwave treatment. The patient is not working. The 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." According to QME report 07/04/14 "the patient had physical therapy, but is unclear how long he had it." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the request for 18 sessions exceeds what is recommended by MTUS. The requested physical therapy is not medically necessary.

Eighteen (18) Acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture Page(s): 8.

Decision rationale: The current request is for Eighteen (18) acupuncture visits. The RFA is dated 05/21/15. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and extracorporeal shockwave treatment. The patient is not working. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines

require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. There is no discussion regarding previous Acupuncture treatments. This appears to be an initial request. Given the patient continued complaints of pain, a course of 3-6 treatments for trial is supported by MTUS. The current request for 18 visits exceeds what is recommended by MTUS. This request is not medically necessary.