

Case Number:	CM15-0116857		
Date Assigned:	06/25/2015	Date of Injury:	04/24/2014
Decision Date:	07/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 4/24/14 resulting in increased low back pain radiating to his lower extremities and left shoulder, neck with increase in headaches. He had difficulty walking following the incident. He was medically evaluated, had physical therapy which helped temporarily, lumbar spine x-ray, medicine and creams. He then developed right shoulder pain from overcompensating for the injured left shoulder. He was diagnosed with lumbar spine discopathy with left lower extremity radiculopathy. MRI's of the cervical and lumbar spine were ordered but not authorized. Of note, prior to this accident the injured worker had slight low back, left shoulder, neck pain and headache. He has had multiple work injuries and non-industrial accidents in the past. He currently complains of constant low back pain radiating to both buttocks and thighs, left greater than right; constant left shoulder pain radiating to the left arm and hand; intermittent right shoulder pain; constant neck pain; headaches at the back of the head radiating to the frontal area. He is having sleep difficulties. His activities of daily living are compromised including personal care. He tried to do some household chores with the aid of medications. On physical exam there was tenderness of the left lumbar paraspinal muscles, left buttocks and left posterior thigh down to the knee. Medications were not specifically identified. Diagnoses include degenerative disc disease of the lumbar spine, rule out disc herniation; advanced spondylosis with disc degeneration of the cervical spine and radiculopathy left upper extremity; impingement with rotator cuff tear, left shoulder; residuals of decompression and rotator cuff repair, right shoulder; cervicogenic headaches. Diagnostics include cervical spine x-rays (no date) showing spondylosis

and degenerative changes; bilateral shoulder x-rays (no date) right shoulder showing post-operative changes consistent with prior subacromial decompression and left shoulder showing early narrowing of the acromioclavicular joint; lumbar spine (no date) showing degenerative changes and disc narrowing. In the progress note dated 6/1/15 the treating provider's plan of care request MRI of the cervical and lumbar spine and physical therapy to reduce inflammation, relieve pain and improve motion twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant did not have abnormal neurological findings or compressive findings suggesting worsening cord involvement. The request for an MRI of the cervical spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant did not have abnormal neurological findings or compressive findings suggesting worsening cord involvement. The request for an MRI of the lumbar spine is not medically necessary.

Physical therapy two times per week for 6 weeks (2x6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 299, 174, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had over 20 sessions of therapy in the past year. Consequently, additional 12 therapy sessions are not medically necessary.