

<b>Case Number:</b>	CM15-0117971		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/01/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 44 year old female with a February 1, 2015 date of injury. A progress note dated June 2, 2015 documents subjective complaints (lumbar pain and stiffness; left leg pain; pain rated at a level of 6/10; left knee pain; cervical pain; radicular pain, numbness and tingling in the bilateral arms; weakness, stiffness and pain with movement and headaches; pain rated at a level of 5 and 9/10; left shoulder pain, stiffness, stinging, swelling, and tenderness rated at a level of 8/10), objective findings (decreased muscle strength of the bilateral thumb adductors, left thumb abductors, left foot dorsiflexors, left foot plantar flexors, left hip abductors and left hip adductors; positive impingement test is mild on left; decreased strength of the rotator cuff, and supraspinatus; left knee lateral pain to palpation: pain to palpation over C2 to C3, C3 to C4, C4 to C5, and C5 to C6 facet capsules, left; ropey fibrotic banding and spasm bilaterally; pain with range of motion of the cervical spine; positive maximal foraminal compression testing left; pain with valsalva left; positive pelvic thrust left; pain to palpation over the L3 to L4, L4 to L5, and L5 to S1 facet capsules on the left with triggering and ropey fibrotic banding; positive straight leg raise test on the left), and current diagnoses (cranial blow associated with acute loss of consciousness; lumbar pain with left leg Radiculopathy; cervical disc facet injury with cervicogenic headaches, impingement syndrome; ulnar and median nerve entrapment; lumbar disc facet injury; potential sacroiliac joint injury; lumbar spine sprain/strain; cervical sprain/strain; left lower leg contusion; left knee contusion). Treatments to date have included physical therapy, medications, and imaging studies. The treating physician documented a plan

of care that included physical therapy for the neck, back, and shoulder, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, and blood work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy neck, back, shoulder, 2 times a week for 6 weeks 12 sessions:** 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.

**Decision rationale:** Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Injured worker-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of injured workers with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the documents available for review, the injured worker has previously undergone numerous session of PT without objective documented functional improvement. Further sessions of PT would be in contrast to the guidelines as set forth in the MTUS. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** ACOEM Chapter 12 on MRI notes that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. ODG, Low Back Procedure Summary, Indications for MRI; Thoracic spine trauma with neurological deficit; Lumbar spine trauma with neurological deficit; Lumbar spine trauma, seat belt (chance) fracture (if focal, radicular findings or other neurologic deficit); Uncomplicated low back pain: suspicion of cancer, infection or other red flags; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurologic deficit related to spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease injured worker; Myelopathy, oncology injured worker; According to the documents available for review, the injured worker exhibits none of the aforementioned indications for lumbar MRI nor does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** ACOEM guidelines Chapter 8 recommend imaging studies when there is physiological evidence in the form of definitive neurological findings on PE, electrodiagnostic studies, laboratory testing or bone scans and unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for cervical MRI nor does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Lab; CMP, CBC, TSH, FT4, UDS, H. Phylori:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [labtestsonline.org/understanding/features/reliability](http://labtestsonline.org/understanding/features/reliability).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** The ACOEM Chapter 3 indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for CMP, CBC, TSH, FT4, UDS, H. Phylori testing. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.