

Case Number:	CM15-0129892		
Date Assigned:	07/16/2015	Date of Injury:	12/02/2014
Decision Date:	09/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Florida
Certification(s)/Specialty: Neurology, 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:

The injured worker is a 52 year old male patient who sustained an industrial injury on 12/02/2014. The injured worker is a firefighter. The initial report of illness dated 02/25/2015 reported subjective complaint of having headache, neck, thoracic, lumbar, right upper extremity pain and weakness. A new patient evaluation dated 02/25/2015 reported the patient with subjective complaint of having ongoing neck, upper back, and right upper extremity pain. The following diagnoses were applied: cervical sprain, right upper extremity radiculopathy; lumbar sprain, bilateral lower extremity weakness, and anxiety secondary to pain weakness. The plan of care noted the patient to undergo radiographic imaging study of the cervical, thoracic and lumbar spine. He will attend a course of physical therapy; he will be taken out of work duty and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical and lumbar 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 modalities Page(s): 174.

Decision rationale: The medical records indicate PT eval for the lumbar spine with symptoms of pain and weakness. MTUS supports PT for identified deficits with goals of therapy. The medical records do not support the presence of identified strength deficits for which PT may benefit the insured. As such, the request is not medically necessary.

X-ray f/e sessions for the lumbar spine: Overturned

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 (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine, x-ray.

Decision rationale: ODG guidelines support plain films for evaluation of bone alignment, or degeneration. The medical records report pain in the lumbar spine with symptoms of weakness as the records support concern for lumbar spine degeneration, the records support x-ray. Therefore, this request is medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Indications for MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, MRI.

Decision rationale: ODG guidelines support MRI of the neck when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but indicate no neurologic objective signs, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such, the medical records provided for review do not support necessity of MRI of cervical spine congruent with ODG guidelines; the request is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale: Campbell's Operative Orthopaedics Chapter 39-Lower Back Pain and Disorders of Intervertebral Discs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) thorax, MRI.

Decision rationale: ODG guidelines support MRI of the thoracic spine the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but indicate no neurologic objective signs, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such, the medical records provided for review do not support necessity of MRI of thoracic spine congruent with ODG guidelines; the request is not medically necessary.

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 (ODG), Low Back, Indications for magnetic resonance imaging.

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, MRI.

Decision rationale: ODG guidelines support MRI of the lumbar when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but indicate no neurologic objective signs, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such, the medical records provided for review do not support necessity of MRI of lumbar spine congruent with ODG guidelines; the request is not medically necessary.