

Case Number:	CM15-0169649		
Date Assigned:	10/02/2015	Date of Injury:	10/20/2000
Decision Date:	11/13/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 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:

The applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 20, 2000. In a Utilization Review report dated August 15, 2015, the claims administrator failed to approve requests for x-rays of the lumbar spine, pelvis, and bilateral hips, 18 sessions of physical therapy, and MRI imaging of the bilateral hips and pelvis. The claims administrator referenced an RFA form received on August 3, 2015 and an associated progress note dated July 1, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated July 22, 2015, the applicant reported ongoing complaints of back pain radiating to leg, reportedly attributed to sciatica. Ancillary complaints of muscle spasms were noted. The applicant was given prescriptions for Skelaxin, Voltaren gel, Lidoderm patches, and over-the-counter Tylenol. Eighteen sessions of physical therapy and manipulative therapy were sought. MRI imaging of the hips and pelvis were endorsed. The note was thinly and sparsely developed and very difficult to follow. On another handwritten note dated July 1, 2015, the applicant was reportedly unchanged when compared to a previous visit. Ongoing complaints of back pain and spasms were reported. The applicant was again described as having predominantly sciatic symptoms. Voltaren gel, over-the-counter Tylenol, Lidoderm patches, Skelaxin, Salonpas patches, MRI imaging of the hips and pelvis, 18 sessions of physical therapy and/or manipulative therapy, and x-rays were endorsed while the applicant was returned to regular duty work (on paper). It was not explicitly stated whether the applicant was in fact working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine (five views), pelvis, (one view) and bilateral hips (one view):
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic): X-ray (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 44-45.

Decision rationale: No, the request for x-rays of the lumbar spine, pelvis, and bilateral hips was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red flags is deemed "not recommended." Here, the attending provider's July 1, 2015 progress note was thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, and did not clearly state precisely what was suspected insofar as the lumbar spine was concerned. The fact that multiple different plain film and MRI studies were ordered, including those of the lumbar spine, pelvis, hips, etc., strongly suggested that said studies were being ordered for routine evaluation purposes, without any clearly-formed intention of acting on the results of the same. The MTUS does not address the topic of x-rays of the hips or pelvis, as were/are also seemingly at issue here. While the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter does acknowledge that x-rays are recommended for evaluating chronic hip pain, femoral acetabular impingement, dysplasia, and/or osteonecrosis, here, as with the lumbar spine x-ray component of the request, the treating provider's handwritten July 1, 2015 progress note was thinly and sparsely developed, difficult to follow, not entirely legible, and made no mention of precisely what was suspected insofar as the hips and/or pelvis were concerned. A clear differential diagnosis list was not furnished. The fact that 4-5 different plain film MRI studies were concurrently ordered on the same date of service, July 1, 2015, strongly suggested that said studies were being ordered for routine evaluation purposes, without any clearly-formed intention of acting on the results of the same and without any clearly-formed differential diagnosis list. The hip and pelvic x-ray component of the request was, thus, likewise not indicated. Since both the lumbar spine and hip/pelvic x-ray component(s) of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.

Eighteen Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for 18 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment at issue, in and of itself, represented treatment well in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider's handwritten July 1, 2015 progress note was thinly and sparsely developed, difficult to follow, not entirely legible, did not clearly articulate the applicant's response to earlier physical therapy. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, again, the July 1, 2015 progress note was thinly and sparsely developed, not altogether legible, did not identify clear treatment goals, going forward, for the lengthy, protracted 18-session course of treatment at issue. Therefore, the request was not medically necessary.

MRI of the bilateral hips/pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) MRI (magnetic resonance imaging) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Hip and Groin Disorders, pg. 43.

Decision rationale: Finally, the request for MRI imaging of the bilateral hips and pelvis was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes on page 43 that MRI imaging of the hip and pelvis is "not recommended" for the routine evaluation of chronic hip joint pathology, as was seemingly present here. As noted above, the attending provider's handwritten July 1, 2015 progress note did not furnish a clear differential diagnosis insofar as the hips and pelvis were concerned. It was not stated precisely what was sought. It was not stated what was suspected. The fact that 4-5 different MRI and plain film studies of the lumbar spine, hips, pelvis, etc., were all concurrently ordered on the same date of service, July 1, 2015, strongly suggested that these were ordered for routine evaluation purposes, without any clearly-formed intention of acting on the results of the same and without any clearly-formed differential diagnosis listed. Therefore, the request was not medically necessary.