

Case Number:	CM15-0179597		
Date Assigned:	09/21/2015	Date of Injury:	06/26/2015
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation, 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 60 year old male, who sustained an industrial injury on June 26, 2015, resulting in pain or injury to the neck and back. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain, bilateral shoulder sprain, thoracic sprain, lumbar sprain, and insomnia. On August 20, 2015, the injured worker reported neck pain radiating to the shoulders and back pain with radiation to the right leg more so as compared to the left side, with difficulty sleeping, headaches, fatigue, and difficulty in activities of daily living (ADLs). The Primary Treating Physician's report dated August 20, 2015, noted the injured worker's current medications as Percocet, Soma, and Motrin. The examination of the cervical spine was noted to show exquisite tenderness at the cervical paravertebrals, trapezius, and interscapular area and rhomboids, with somewhat restricted and painful range of motion (ROM). Tenderness was noted at the acromioclavicular joints and subacromial spaces of the bilateral shoulders. The lumbosacral spine examination was noted to show stiffness and tightness on the left side of the thoracic paravertebrals and tenderness throughout the lumbar paravertebrals, worse at L4-L5. Straight leg raise was noted to be positive bilaterally. Decreased sensation was noted on the right below the knee area on the lateral side. The treatment plan was noted to include an open MRI of the lumbar spine to rule out any disc pathology, a request for authorization for physical therapy for increasing range of motion (ROM), decreasing pain, and increasing functional capacity including ultrasound, electrical stimulation, and deep tissue massage, and prescriptions of Norco, Soma, and Motrin. The injured worker's work status was noted to be temporarily totally disabled for 14 days. The physical therapy initial examination

dated August 5, 2015, noted the injured worker rating his pain as 8 currently, with 10 at its worst and 3 at its best. The injured worker's goals were noted to resolve pain and return to prior functional activity level. The physical therapy note dated August 10, 2015, was noted to be the second visit with the injured worker requesting neck treatment only due to feeling tight, limited motion, and restricted ability to turn. The request for authorization dated August 25, 2015, requested an open MRI of the lumbar spine and physical therapy 2x4 visits for the cervical spine, lumbar spine and bilateral shoulders. The Utilization Review (UR) dated August 31, 2015, non-certified the requests for an open MRI of the lumbar spine and physical therapy 2x4 visits for the cervical spine, lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury in June 2015 and is being treated for radiating neck and low back pain after a rear end motor vehicle accident. The claimant has a history of chronic low back pain which was exacerbated after the accident. He was seen in the Emergency Room after the accident and there were no neurological deficits. The claimant was evaluated for physical therapy on 08/05/15 and attended a second treatment on 08/10/15. Six treatments had been requested. When seen for an initial evaluation by the requesting provider on 08/20/15 he was having radiating neck and back pain with right more than left leg symptoms. Pain was rated at 7-8/10. Physical examination findings included cervical, trapezius, rhomboid, and interscapular tenderness. There was decreased and painful cervical spine range of motion. There was thoracolumbar paraspinal muscle tightness with decreased range of motion. There was positive straight leg raising bilateral with decreased right lower extremity sensation. There was bilateral shoulder tenderness with decreased range of motion. A lumbar MRI and physical therapy were requested. Applicable indications in this case for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, radiculopathy with severe or progressive neurologic deficit, or after at least one month of conservative therapy. In this case, there are no identified red flags and the claimant has not completed one month of the therapy that had been authorized. There were no neurological deficits when seen in the Emergency Room after the accident occurred. An MRI of the lumbar spine is not considered medically necessary at the present time.

Physical therapy 2x4 visits for the Cervical spine, Lumbar spine and Bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Physical therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy (2) Neck and Upper Back (Acute & Chronic), physical therapy (3) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2015 and is being treated for radiating neck and low back pain after a rear end motor vehicle accident. The claimant has a history of chronic low back pain which was exacerbated after the accident. He was seen in the Emergency Room after the accident and there were no neurological deficits. The claimant was evaluated for physical therapy on 08/05/15 and attended a second treatment on 08/10/15. Six treatments had been requested. When seen for an initial evaluation by the requesting provider on 08/20/15 he was having radiating neck and back pain with right more than left leg symptoms. Pain was rated at 7-8/10. Physical examination findings included cervical, trapezius, rhomboid, and interscapular tenderness. There was decreased and painful cervical spine range of motion. There was thoracolumbar paraspinal muscle tightness with decreased range of motion. There was positive straight leg raising bilateral with decreased right lower extremity sensation. There was bilateral shoulder tenderness with decreased range of motion. A lumbar MRI and physical therapy were requested. In terms of physical therapy for the claimant's condition the claimant has had a partial course of the physical therapy already authorized with completion of only two treatments documented. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to determine whether additional physical therapy was needed or likely to be effective. The request is not medically necessary.