

Case Number:	CM15-0066939		
Date Assigned:	04/14/2015	Date of Injury:	12/27/2014
Decision Date:	06/30/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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, 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 40 year old female who sustained an industrial injury on 12/27/14. The injured worker reported symptoms in the left shoulder, bilateral upper extremities, back and left lower extremity. The injured worker was diagnosed as having contusion of wrist, sprain of shoulder/arm, lumbosacral neuritis, fracture of carpal bone, and myofascitis low back. Treatments to date have included nonsteroidal anti-inflammatory drugs and activity modification. Currently on 3/16/15, the injured worker complains of discomfort in the left shoulder, bilateral upper extremities, back and left lower extremity. The patient has had low back pain with numbness and tingling in left leg. Physical examination of the lumbar spine revealed stiffness in gait, difficulty in heel toe walk, tenderness on palpation, limited range of motion, 5/5 strength, normal sensation and reflexes and positive SLR at 80 degree. The patient has had X-ray of the low back that revealed narrowing of the disc space and degenerative changes. The plan of care was for diagnostics, physical therapy, consultations and a follow up appointment at a later date. The patient sustained the injury due to a fall. The medication list includes Ibuprofen. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine without dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Request: 1 MRI of the lumbar spine without dye. Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. The details of PT or other type of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. 1 MRI of the lumbar spine without dye spine is not medically necessary for this patient.

1 muscle test 2 limbs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 05/15/15) Computerized range of motion (ROM) Flexibility.

Decision rationale: 1 muscle test 2 limbs Per the ODG guidelines cited below "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent." Range of motion testing and muscle testing is not recommended by the cited guidelines and the relation between lumbar range of motion measures and functional ability is weak or nonexistent. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Response to these conservative therapies was not specified

in the records provided. Previous conservative therapy notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The request for 1 muscle test 2 limbs is not medically necessary for this patient.

18 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and on the Non-MTUS ACOEM Practice Guidelines, Chapter 12: Low Back Complaints (2007), page 134.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: 18 physical therapy sessions. The guidelines cited below state, "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 details of PT or other types of therapy done since the date of injury were not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for 18 physical therapy sessions is not medically necessary for this patient.

1 neuro consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 and 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The injured worker reported symptoms in the left shoulder, bilateral upper extremities, back and left lower extremity. The injured worker was diagnosed as having contusion of wrist, sprain of shoulder/arm, lumbosacral neuritis, fracture of carpal bone, and myofascitis low back. Currently on 3/16/15, the injured worker complains of discomfort in the left shoulder, bilateral upper extremities, back and left lower extremity. The patient has had low back pain with numbness and

tingling in the left leg. Physical examination of the lumbar spine revealed stiffness in gait, difficulty in heel toe walk, tenderness on palpation, limited range of motion, and positive SLR at 80 degree. The patient has had X-ray of the low back that revealed narrowing of the disc space and degenerative changes. This is a complex case. There are objective findings on physical exam that suggest possible neurological dysfunction. A referral to a neuro consultation is deemed medically appropriate and necessary.