

Case Number:	CM15-0089652		
Date Assigned:	07/01/2015	Date of Injury:	03/06/2015
Decision Date:	10/13/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

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 58-year-old male, who sustained an industrial injury on 3/6/2015. He reported pain in his neck, upper and lower back, knees, legs, shoulders, hips, feet and upper extremities. Diagnoses have included cervical/lumbar discopathy, carpal tunnel/double crush syndrome, cervicgia, rule out internal derangement bilateral shoulders, bilateral hips and bilateral knees and plantar fasciitis. Treatment to date has included physical therapy. According to the progress report dated 4/21/2015, the injured worker complained of intermittent pain in the cervical spine, which radiated into the upper extremities. He complained of constant pain in the low back, which radiated into the left lower extremity. He complained of frequent pain in the bilateral shoulders. He complained of intermittent pain in the bilateral hands with swelling. He complained of constant pain in the bilateral hips. He complained of frequent pain in the bilateral knees and constant pain in both feet. Exam of the cervical spine revealed tenderness to palpation with spasm. Spurling's maneuver was positive. Exam of the shoulders revealed tenderness. Hawkin's and impingement signs were positive. There was tenderness over the volar aspect of the wrists. Exam of the lumbar spine revealed tenderness with spasm. Seated nerve root test was positive. The injured worker was to continue working full duty. Authorization was requested for magnetic resonance imaging (MRI) of the thoracic spine, cervical spine, lumbar spine, right knee and left knee and physical therapy for the bilateral upper extremities, the bilateral knees and the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines (ODG), Low Back Chapter, Indications for imaging- Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for thoracic MRI, the ACOEM guidelines recommend an initial period of conservative assuming there are no red flag conditions presents. Specifically, Chapter 8 entitled "Neck and Upper Back Complaints" specifies on pages 177-182 the following: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In the case of this injured worker, there is thoracic spine pain and x-rays of the thoracic spine was within normal limits. The examinations do not document any findings suggestive of neurological compromise, and no mention of red flag symptoms. Given this lack of finding, this request is not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for imaging-Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation

available for review, there is documentation of positive seated nerve root test on 3/24/2015. Additionally, there is documentation of bone on bone erosion occurring at L4-L5, and L5-S1 on x-rays. Given this, the currently requested lumbar MRI is appropriate and medically necessary.

Physical therapy bilateral upper extremities x 12: 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), Low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of unknown number of PT sessions from a physician from his company, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The provider documented very little improvement from these prior PT sessions on 3/24/2015. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Physical therapy bilateral knees x 12: 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), Low Back, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of unknown number of PT sessions from a physician from his company, but there is

no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The provider documented very little improvement from these prior PT sessions on 3/24/2015. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for MRI of the knee, ACOEM Practice Guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG Indications for MRI of the knee include the following: Acute trauma to the knee, including significant trauma (ie, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Pellegrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of non-traumatic knee pain. A recent x-rays of bilateral knees were within normal limits. There is no identification of any red flags or documentation that conservative treatment aimed towards the right knee has failed. Lastly, there was no knee exam documented on recent progress note to warrant the need for MRI at this time. In the absence of such documentation, the currently requested MRI is not medically necessary.

Physical therapy for the spine x 12: 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), Low back, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of unknown number of PT sessions from a physician from his company, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The provider documented very little improvement from these prior PT sessions on 3/24/2015. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

MRI of the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, the patient has documented positive Spurling's maneuver on physical exam documented on 3/24/2015 and 4/21/2015 suggesting neural tension. The patient has had x-ray of the cervical spine, which showed reversal of lordosis secondary to spasm. As such, an MRI could help to determine if there is nerve root compression, and is medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for MRI of the knee, ACOEM Practice Guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG Indications for MRI of the knee include the following: Acute trauma to the knee, including significant trauma (ie, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic

knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of non-traumatic knee pain. A recent x-rays of bilateral knees were within normal limits. There is no identification of any red flags or documentation that conservative treatment aimed towards the left knee has failed. Lastly, there was no knee exam documented on recent progress note to warrant the need for MRI at this time. In the absence of such documentation, the currently requested MRI is not medically necessary.