

Case Number:	CM15-0096779		
Date Assigned:	05/27/2015	Date of Injury:	01/24/2015
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 female, who sustained an industrial injury on January 24, 2015. She reported stepping off a ledge with onset of severe left calf pain. The injured worker was diagnosed as having injury of left knee, abnormal knee MRI, left knee pain, injury of muscle or tendon at left lower leg level, and right buttock pain. Treatment to date has included MRI, physical therapy, chiropractic treatments, bracing, and medication. Currently, the injured worker complains of left lower extremity pain with ongoing severe pain in the right buttock. The Treating Physician's report dated April 30, 2015, noted the injured worker reported no change in her condition, with knee brace making the pain worse. The injured worker's medications were listed as Hydrocodone-Acetaminophen, Cyclobenzaprine, Baclofen, Methocarbamol, Voltaren gel, Xopenex, Levothyroxine, Gabapentin, Aspirin, Diazepam, and Flexeril. Physical examination was noted to show warmth and tenderness to palpation noted in the right posterior buttock with decreased strength and tone demonstrated and decreased range of motion (ROM). The injured worker was noted to have ongoing pain in the anterior knee and calf, with a MRI of the knee with multiple issues. The treatment plan was noted to include continued medications of Cyclobenzaprine HCL and Hydrocodone-Acetaminophen, referral to physical therapy and chiropractor, and MRIs of lumbar spine and sacroiliac joints without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: This patient presents with low back pain and left lower extremity pain with ongoing severe pain in the right buttock. The Request for Authorization is dated 05/04/15. The current request is for MRI OF THE LUMBAR SPINE. Treatment to date has included MRI, physical therapy, bracing, and medication. The patient is not working. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. According to progress report 04/09/15, the patient complains of severe pain in the right buttock and lower back. On 04/30/15, the patient reported worsening of right buttock pain. Examination revealed warmth and tenderness to palpation in the right posterior buttock. Decreased strength, tone and range of motion (ROM) was documented. The treating physician recommends an MRI of l-spine due to worsening of symptoms. The patient has not yet had an MRI of the lower back. This patient radicular pain that had been progressively worsening and an MRI at this juncture is supported ACOEM and ODG guidelines. The request MRI IS medically necessary.

MRI of the sacroiliac joints: 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, 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 Hip & Pelvis chapter, MRI.

Decision rationale: This patient presents with low back pain and left lower extremity pain with ongoing severe pain in the right buttock. The Request for Authorization is dated 05/04/15. The current request is for MRI OF THE SACROILIAC JOINTS. Treatment to date has included MRI, physical therapy, bracing, and medication. The patient is not working. The ACOEM and

MTUS guidelines do not address MRI for the hip/pelvic. ODG guidelines under its Hip & Pelvis section has the following regarding MRI, "Recommended as indicated below. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." Indications for imaging are osseous, articular or soft tissues abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissues injuries and tumors. According to progress report 04/09/15, the patient complains of severe pain in the right buttock and lower back. On 04/30/15, the patient reported worsening of right buttock pain. Examination revealed warmth and tenderness to palpation in the right posterior buttock. Decreased strength, tone and range of motion (ROM) was documented. The treating physician recommends a MRI of the l-spine and sacroiliac joint due to worsening of symptoms. Review of the medical file does not indicate that the patient has had imaging of the pelvis. In this case, there is no discussion or mention of suspected osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; or tumors, which would indicate MRI of the hip/pelvis, according to ODG. The patient has low back pain with accompanying buttock pain with no indication of hip trauma. The request is not in accordance with guideline indications. Therefore, this request IS NOT medically necessary.

Chiropractic manipulation, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: This patient presents with low back pain and left lower extremity pain with ongoing severe pain in the right buttock. The Request for Authorization is dated 05/04/15. The current request is for CHIROPRACTIC MANIPULATION 2 TIMES A WEEK FOR 6 WEEKS. Treatment to date has included MRI, physical therapy, bracing, and medication. The patient is not working. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. There is no indication that this patient has tried Chiropractic treatments. Given the patient complaints of pain and objective findings an initial course of 6 visits may be considered. In this case, the current request is for 12 treatments which exceeds what is recommended by MTUS. This request IS NOT medically necessary.

Additional physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with low back pain and left lower extremity pain with ongoing severe pain in the right buttock. The Request for Authorization is dated 05/04/15. The current request is for ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS. Treatment to date has included MRI, physical therapy, bracing, and medication. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient participated in 12 physical therapy sessions between 03/10/15 and 04/09/15. PT progress note from 04/01/15 states that the patient is making gradual gain with therapy with improvement in ROM, strength and activity tolerance. In this case, the request for additional 12 PT sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.