MAXIMUS Federal Services

Case Number:	CM14-0055537		
Date Assigned:	07/09/2014	Date of Injury:	08/21/2012
Decision Date:	09/15/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/24/2014

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: New Jersey
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 was a 51 year old male, who sustained an industrial injury, April 13, 2012. The injury worker was on the third floor of a building using a scissor lift to cut a door when the door fell against the injured worker and fell through a hole and landing on the first floor. Post injury the injured worker had a stroke and pulmonary emboli. The injured worker previously received the following treatments left scapula open reduction and internal fixation, cervical MRI, multiple x-rays, left shoulder MRI, left shoulder CT scan, lumbar spine MRI completed on September 15, 2014, Lexapro, Nexium, Metformin, Lipitor, Seroquel and Albuterol. The injured worker was diagnosed with cervical strain and or sprain, Thoracic sprain and or strain, lumbar strain and or sprain, abdominal contusion, chest trauma, closed head injury and or scalp laceration and left shoulder adhesive capsulitis and seizures, pulmonary embolism, adhesive capsulitis, fractures scapula, cervical radiculopathy and lumbar spondylosis without myelopathy. According to progress note of March 18, 2015, the injured worker's chief complaint was head pain, left shoulder pain, neck pain, chest pain and or rib pain and back pain. The injured worker described the pain and constant and sharp. The severity of the pain was moderate to severe. The pain was aggravated by coughing, sneezing, sitting, turning the head, standing, walking, bending, stooping, twisting, stair climbing, uneven terrain, kneeling, squatting, pivoting, walking, inclines, running, jumping, working out and sports. The pain was relieved by rest and medications. There were associated symptoms of waking from sleep, stiffness, weakness, tingling, locking, popping, giving way, grinding, swelling, deformity, instability and insomnia. The physical exam noted ringing in the ears. The injured worker had shortness of breath. The injured worker admitted to

chest pain. The injured worker admitted to loss of coordination. The lumbar spine had good heel to toe pattern, without an assistive device. The lumbar spine had normal curvature, preserved thoracic kyphosis and lumbar lordosis. The pelvis was level. There was tenderness to the lumbosacral junction with moderate paraspinal spasms noted. There was decreased sensation on the left medial foot suggested a L4 pattern. The treatment plan included lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter and AMA Guides. 5th edition, pages 382-383 (Andersson, 2000).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had completed a lumbar MRI on 9/16/2014, less than a year from the time of this request to repeat this study, and revealed L2-4 mild lumbar spinal stenosis and L5-S1 moderate left foraminal narrowing. Recent documentation did not show significant subjective or objective evidence of changes to warrant repeat MRI so soon after it had recently been done. Recent orthopedic consultation suggested the worker was not a spinal surgery candidate based on symptoms, physical examination and recent MRI, although the worker wished surgery was an option, according to the notes. Based on this information gathered from the notes available for review, the lumbar MRI will be considered medically unnecessary at this time.

Follow-up visit with spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 179-180. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The MTUS ACOEM Guidelines state that in order to warrant consideration of a neurosurgical consultation the following criteria need to have been met: 1. Persistent, severe, and disabling shoulder or arm symptoms, 2. Activity limitation for more than one month or with extreme progression of symptoms, 3. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, and 4. Unresolved radicular symptoms after receiving conservative treatment. Although, in the case of this worker, symptoms from the injury have been persistent, including neck and arm pain, there is insufficient evidence to suggest direct cervical radiculopathy to warrant a spinal surgical consult. Recent nerve testing also suggested no cervical radiculopathy and likely carpal tunnel or other localized neuropathy in the arm/wrist area. Recent orthopedic consultation suggested this worker was not a spinal surgery candidate based on recent testing, symptoms, and physical examination findings. Therefore, the request for follow-up with a spinal surgeon without enough reason to consider spinal surgery, would not be medically necessary.

Consultation at [redacted]: 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), Head Chapter, Evaluation and Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular

procedure is required in which the specialist is skilled. In the case of this worker, records suggested the worker's neurologist recommended he visit a Brain injury specialist as he was experiencing persistent symptoms since his injury. There was no evidence found in the notes to suggest this would not be appropriate in light of the persistent symptoms and no record of having been to a brain injury center prior to this request. Therefore, the request for "Consultation at [redacted]" will be considered medically necessary.

Chiropractic therapy x 12 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ACOEM: Pain, Suffering and the Restoration of Function, page 114 and Official Disability Guidelines (ODG), Neck/Upper Back Chapter;.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. Upon review of the documentation provided regarding this worker, there was no record to show prior chiropractor sessions, however, the record may not have been complete. So, it is not clear if this is a request for continued manual therapy or if it is an initial request. Since there is no evidence of having had them before for the cervical spine, the appropriate limit of the request would be up to 6 sessions, and this request was for 12, which would exceed this limit. Therefore, the request for chiropractic therapy x 12 for the cervical spine will be considered not medically necessary at this time.