

Case Number:	CM17-0011703		
Date Assigned:	01/23/2017	Date of Injury:	11/04/2016
Decision Date:	02/17/2017	UR Denial Date:	12/22/2016
Priority:	Standard	Application Received:	01/17/2017

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:

This case involves a now 53-year-old male with a history of an occupational claim from 11/04/2016. The mechanism of injury was not detailed in the information provided for review. The current diagnosis is documented as lumbar intervertebral disc displacement. The clinical note dated 11/28/2016 indicated that the patient complained of neck pain, low back pain, and right foot pain. He stated that the neck pain radiated to the posterior upper extremity. He also reported that the lower back pain radiated to the posterior thighs bilaterally. Physical examination of the cervical spine revealed tenderness over the paracervical muscles. Forward flexion was 30°, extension 20°, right and lateral bend 15°, right rotation 25°, and left rotation 30°. Examination of the lumbar spine revealed tenderness on palpation to the mid lumbar and paralumbar region. Range of motion of the lumbar spine was noted as 55° of flexion, 20° of extension, right and lateral bend 30°, right rotation 25°, left rotation 30°. Straight leg raising test was negative. Examination of the hips revealed full motion. It was noted that an x-ray of the cervical spine of unknown date revealed anterior cervical fusion at cervical C4-5 and C5-6. It was also noted that an x-ray of the lumbar spine of unknown date revealed loss of L5-S1 disc space and postoperative changes. Past treatment included medications, diagnostics, lumbar spine surgery x2 in 2011, and anterior cervical fusion in 2014. The treatment plan included an MRI of the lumbar spine, CT scan of the cervical spine, physical therapy, acupuncture, continuing medications, and reevaluation in 6 weeks. Prior review dated 12/20/2016 denied a request for an MRI of the lumbar spine, due to the fact there was no documentation of the results of any conservative care or red flag conditions. The requests for cervical spine x-rays, lumbar spine x-

rays, and CT scan of the cervical spine were denied, due to the fact that there was no documentation of any red flag conditions to warrant these procedures. The request for acupuncture was modified to authorize 6 sessions, due to the fact that evidence of objective functional improvement was required for future authorizations. A request for authorization for form dated 11/29/2016 was submitted for MRI of the lumbar spine, cervical spine x-rays, lumbar spine x-rays, CT scan of the cervical spine, and acupuncture the lumbar and cervical for 8 sessions.

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: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: American College of Occupational and Environmental Medicine guidelines state that imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted for review failed to provide evidence of red flag findings or neurological deficits that would indicate the need for an MRI for further evaluation. As such, the medical necessity of the request is not established. Therefore, the request for "MRI of lumbar spine" is not medically necessary.

Cervical spine x-rays: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

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

Decision rationale: American College of Occupational and Environmental Medicine guidelines state that 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 include the emergence of a red flag and physiological evidence of tissue insult or neurologic dysfunction, such as definitive neurological findings on physical examination. In this case, the documentation submitted for review did not indicate the presence of a definitive neurological deficit on physical examination to warrant a cervical x-ray. In addition, the 11/28/2016 clinical note indicated that the patient received a cervical x-ray of

unknown date that revealed anterior cervical fusion at cervical C4-5 and C5-6. Given that there were no red flags or physiological evidence of neurologic dysfunction, along with the fact that the patient received a cervical x-ray previously, the medical necessity of the request is not established. As such, the request for "Cervical spine x-rays" is not medically necessary.

Lumbar spine x-rays: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: American College of Occupational and Environmental Medicine guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the documentation submitted for review did not indicate the presence of a definitive neurological deficit on physical examination to warrant a lumbar spine x-ray. In addition, the 11/28/2016 clinical note indicated that the patient received an x-ray of the lumbar spine of unknown date that revealed loss of L5-S1 disc space and postoperative changes. Given that there were no red flags or physiological evidence of neurologic dysfunction, along with the fact that the patient received a lumbar x-ray previously, the medical necessity of the request is not established. As such, the request for "Lumbar spine x-rays" is not medically necessary.

CT scan of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

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

Decision rationale: American College of Occupational and Environmental Medicine guidelines state that 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 include the emergence of a red flag and physiological evidence of tissue insult or neurologic dysfunction, such as definitive neurological findings on physical examination. In this case, the documentation submitted for review did not indicate the presence of a definitive neurological deficit on physical examination to warrant a cervical CT scan. Given that there were no red flags or physiological evidence of neurologic dysfunction, the medical necessity of the request is not established. As such, the request for "CT scan of the cervical spine" is not medically necessary.

Acupuncture of the lumbar and cervical for eight sessions was the original request. Acupuncture of the lumbar and cervical for six sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Acupuncture of the lumbar and cervical for two sessions is: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: California Medical Treatment Utilization Schedule 2009 Acupuncture Guidelines state that acupuncture is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The guidelines recommend the time to produce functional improvement as 3-6 treatments. The documentation submitted for review indicated that the patient was authorized for a 6 session trial of acupuncture for the cervical and lumbar spine on 12/22/2016. The guidelines state that acupuncture treatments may be extended if functional improvement is documented, by either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination. Given that there was a lack of documentation of functional improvement as a result of the initial acupuncture trial, the medical necessity of the request is not established. As such, the request for "Acupuncture of the lumbar and cervical for two sessions" is not medically necessary.