

<b>Case Number:</b>	CM13-0006096		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/29/2006
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured on September 29, 2006. Physical therapy and at an MRI of the cervical spine are under review. On May 16, 2013, she saw [REDACTED] for persistent neck and right shoulder pain. There was no workup done for the cervical spine since the injury. The claimant was status post right shoulder arthroscopic surgery. An updated cervical MRI was recommended. On June 14, 2013, the note by [REDACTED] states that she had persistent neck and shoulder pain. The updated cervical MRI had been denied. She had not seen a spine surgeon. Her last MRI was done in 2007 and it showed neural foraminal stenosis at C4-5 with mild disc bulging from C3-4 through C6-7 without spinal canal stenosis. She had persistent neck pain with chronic daily headaches and was frustrated and miserable. She is status post 2 arthroscopic surgeries for her right shoulder. She did not need any further surgery for her shoulder. Physical examination revealed decreased range of motion of the cervical spine. An MRI was ordered again. PT was also recommended. She was given medication. On July 15, 2013, she saw [REDACTED] for her neck pain. It was more like pressure and radiated to her bilateral shoulders. She had difficulty raising her arms. Her pain was 7-8/10. She had headaches and numbness and tingling in her fingers. She had therapy for the right shoulder postop. Acupuncture was denied. The MRI of the cervical spine was denied. She felt depressed. Cervical range of motion was decreased on bilateral lateral rotation. Shoulder range of motion was decreased to 90 in abduction. Her bilateral upper extremity strength was 5/5 with giveaway weakness noted. Grip strength was decreased due to pain in her neck. She was diagnosed with cervical spine degenerative disc disease. A referral to a psychiatrist was recommended. PT and an MRI of the cervical spine were ordered. She had been complaining of increased pain and increased headaches. She saw [REDACTED] on July 15, 2013. She still had neck pain as before. The MRI had been denied. A referral to a psychiatrist, PT, and MRI of the cervical spine were ordered.

Examination revealed decreased range of motion. She had 5/5 strength with giveaway weakness noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy twice weekly for four weeks:** Overturned

**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): 130.

**Decision rationale:** The history and documentation support the request for eight visits of physical therapy. The notes indicate that the claimant had not had treatment for her cervical spine since the injury. She has ongoing symptoms of neck pain and headache. There is no evidence that she has been treated conservatively for her cervical spine or has been trained in and has continued an independent exercise program. There is no indication that she has been doing a home exercise program. The Chronic Pain Medical Treatment Guidelines state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The Chronic Pain Medical Treatment Guidelines also state "allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): nine to ten visits over eight weeks." A course of eight visits of physical therapy for ongoing maintenance of any benefit that the claimant receives can be recommended under these circumstances for her neck and shoulder region. The request for physical therapy twice weekly for four weeks is medically necessary and appropriate.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the cervical spine at this time. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines state "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, and 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. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The request for an MRI of the cervical spine is not medically necessary or appropriate.