

Case Number:	CM13-0020150		
Date Assigned:	11/08/2013	Date of Injury:	06/08/2011
Decision Date:	01/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a male patient with the date of injury at June 8, 2011. A utilization review determination dated August 23, 2013 recommends noncertification of repeat MRI, repeat x-rays, and additional physical therapy. An x-ray of the cervical spine dated September 10, 2013 identifies, "straining of the normal cervical lordosis with restricted range of motion on flexion which may reflect an element of myospasm." A qualified medical examination report dated August 5, 2013 recommends, "I would recommend, as I have previously, that the examinee be evaluated by a board-certified orthopedic surgeon or neurosurgeon with spine fellowship training to evaluate the examinee is a surgical candidate." The note goes on to state, "I would concur with surgical intervention based on the examinee's history, symptoms, MRI scan, exam, and response to 2 epidural steroid injections." An MRI of the cervical spine dated August 20, 2013 identifies a 2 mm posterior disc bulge at C5-6, and anterior osteophytic ridging C6-7. On orthopedic evaluation dated June 28, 2013 identifies subjective complaints including, "the patient complains of constant severe neck and upper back pain. Pain is throbbing type in nature. The pain radiates to right shoulder blade. The pain aggravates with prolonged activities." Physical examination identifies normal range of motion in the cervical spine, normal strength and sensation in the upper extremities, and normal reflexes. Diagnostic impression states, "cervicalgia." Treatment plan states, "My recommendation is a new MRI of the cervical spine and physical therapy. I do not believe that he is likely a candidate for surgical intervention. I believe a further conservative management is in the best interest. I am however, happy to see him back after he obtains an MRI as his current MRI is stale." Treatment recommendations go on to include, "AP, lateral, flexion, and extension views of the cervical spine."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) to the Cervical Spine (C/S) (no duration or frequency listed):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Radiography and the Official Disability Guidelines: Minnesota.

Decision rationale: Regarding the request for x-ray of the cervical spine, Occupational Medicine Practice Guidelines state that the criteria for imaging studies includes 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 invasive procedure. The ODG states that radiography is not generally recommended. It also states that it is recommended after trauma, or with chronic neck pain as a 1st study. The ODG Minnesota states that repeat imaging of the same view of the same body part with the same imaging modality is not indicated except when there is a new episode of injury or exacerbation, which in itself would warrant an imaging study. Within the documentation available for review, it does not appear that there was any recent trauma, or any new episode of injury or exacerbation for which new imaging would be warranted. Clearly, this is not a request for a 1st study, as the patient has had imaging performed previously. Furthermore, the physical examination is completely normal. Finally, it is unclear exactly what medical decision-making will be based upon the outcome of the currently requested repeat x-ray. In the absence of clarity regarding those issues, the currently requested repeat x-ray of the cervical spine is not medically necessary.

MRI of the Cervical Spine (C/S): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI and the Official Disability Guidelines: Minnesota.

Decision rationale: Regarding the request for MRI of the cervical spine, Occupational Medicine Practice Guidelines state that the criteria for imaging studies include 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 invasive procedure. The ODG states that patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. The ODG Minnesota states

that repeat imaging of the same view of the same body part with the same imaging modality is not indicated except when there is a new episode of injury or exacerbation, which in itself would warrant an imaging study. Within the documentation available for review, it does not appear that there was any recent trauma, or any new episode of injury or exacerbation for which new imaging would be warranted. Furthermore, the physical examination is completely normal. Finally, it is unclear exactly what medical decision-making will be based upon the outcome of the currently requested repeat MRI. In the absence of clarity regarding those issues, the currently requested repeat MRI of the cervical spine is not medically necessary.

AP, Lateral, Flexion and Extension views of the Cervical Spine (C/S): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy..

Decision rationale: Regarding the request for additional physical therapy, California MTUS Guidelines recommend 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 no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the currently requested additional physical therapy is not medically necessary.