

Case Number:	CM13-0025891		
Date Assigned:	06/11/2014	Date of Injury:	09/03/2010
Decision Date:	08/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 35 year old female who sustained injuries to her neck and low back on 09/03/10 after she was involved in a motor vehicle accident while driving to work when she apparently rear-ended a construction truck. It was noted that she was gripping the wheel and hitting the brake at the time of the impact. The injured worker complained of neck and left shoulder pain rated at 5/10 Visual Analog Scale. Magnetic resonance image (MRI) of the cervical spine dated 04/18/13 revealed multiple broad based disc protrusions with mild central canal stenosis or facet arthropathy. MRI of the lumbar spine dated 05/19/11 revealed minimal disc bulge without neural foraminal nerve root impingement or spinal canal stenosis; electromyogram/nerve conduction velocity performed 04/10/13 revealed moderate chronic C7 radiculopathy bilaterally without evidence of peripheral neuropathy or other compression neuropathy. Previous treatment has included extensive chiropractic and physical therapy, cervical and lumbar epidural steroid injections, massage therapy, acupuncture, transcutaneous electrical nerve stimulation, and multiple medications including non-steroidal anti-inflammatories, opioids, muscle relaxers, anti-depressants. However, the injured worker's complaints remain unresolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 (ONE) CERVICAL EPIDURAL INJECTION AT C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the absence of a documented radiculopathy at the C6-7 level, the request for one cervical epidural steroid injection at C6-7 is not indicated as medically necessary.

10 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

Decision rationale: Due to the fact that the injured worker had received the guideline recommendations of physical therapy without any significant benefit, it did not appear clinically appropriate to continue past the evidence based guidelines duration or frequency recommendations. The Official Disability Guidelines recommends up to 10 visits over 8 weeks for diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical therapy. Given this, the request for 10 physical therapy visits is not indicated as medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for magnetic resonance imaging (MRI) of the cervical spine is not medically necessary. The previous request was denied on the basis that the submitted documentation did not report objective findings consistent with neurological deficits such as abnormal sensation and a dermatomal distribution, myotomal weakness, or deep tendon reflex abnormalities and there were no additional significant documented 'red flags'. There was no mention that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. Given this, the request for magnetic resonance imaging (MRI) of the cervical spine is not indicated as medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: There was no mention that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. Given this, the request for magnetic resonance imaging (MRI) of the lumbar spine is not indicated as medically necessary.