

Case Number:	CM13-0036388		
Date Assigned:	12/13/2013	Date of Injury:	11/12/2007
Decision Date:	04/23/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 Geriatrics and is licensed to practice in New York, Pennsylvania, Washington. 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 woman with a date of injury of 11/12/07. She is status post cervical and lumbar MRI in 2008. She was seen by her physician on 10/3/13 with complaints of right neck and right low back pain which radiated to her buttock and leg. Her cervical traction machine was improving her cervical spine and arm pain. She was managing her pain with Tylenol and advil. Her physical exam was significant for painful range of motion of her lumbar spine and tenderness to palpation in her bilateral paraspinals, gluteal muscles and greater trochanters. She had a positive straight leg raise on the right. Her patellar and Achilles reflexes were 2+ and she had 4+-5/5 lower extremity strength. She had a positive Spurling test and 5/5 upper extremity strength with normal reflexes. She had decreased sensation in the C6 and L5 dermatomes. Her diagnoses included probable L5-5 disc protrusion with right L5 radiculopathy, probable C5-6 and L5-S1 disc protrusion with radicular pain in the C6 and L5 distributions, status post left rotator cuff repair and arthroscopy and mild to moderate reactive depression. She was prescribed anaprox, protonix and norco. She was referred for cervical and lumbar spine MRIs and physical therapy for cervical and lumbar stabilization, range of motion and traction. The MRIs and physical therapy referrals are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation pages 177-178 and Official Disability Guidelines (ODG), TWC Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with a positive Spurling test but normal strength and reflexes and no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. She had prior imaging and in the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21.

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine. Per the MTUS, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, her lumbar pathology had been delineated and documented on prior studies and there are no red flags on her physical exam to warrant immediate referral or imaging. The lumbar spine MRI is not medically necessary.

PHYSICAL THERAPY 2X6-8 WEEKS QTY:12-18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home program. In this injured worker, it is not clear the benefit of physical therapy at this point given her injury in 2007. The records do not support the medical necessity for physical therapy 2x 6-8 week visits in this individual with chronic neck and back pain.