

Case Number:	CM13-0047727		
Date Assigned:	12/27/2013	Date of Injury:	07/14/1988
Decision Date:	03/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

The patient is a 63 year old male who reported injury on 07/14/1998. The mechanism of injury was noted to be a motor vehicle accident. The clinical documentation submitted for review with the application for independent medical review revealed the patient had constant neck/upper back pain that the patient rated as 7 to 9 on a 10 scale. Objectively, the patient had a decreased range of motion in the cervical spine. In the seated position, the patient had a Soto-Hall test and a shoulder depression test bilaterally that increased cervical pain; and prone, the patient had a Lindler's that was positive for thoracic pain. Palpation of the cervical spine revealed 2+ tenderness at Occasion-C7, with increased paraspinal muscle tone. Palpation showed 2+ tenderness from T3-8 with an increased muscle tone. The patient's diagnoses were noted to be cervical and thoracic strain. The date of examination was 05/20/2013, and the request was made for a neurosurgical opinion, an MRI, and neuro diagnostic testing of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Introduction Page(s): 1.

Decision rationale: California MTUS Guidelines indicate that upon ruling out a potentially serious condition and complaints persist, the physician needs to reconsider the diagnosis and whether a specialist evaluation is necessary. Clinical documentation submitted for review indicated that the patient had a Soto-Hall test and a shoulder depression test bilaterally that increased cervical pain; and prone, the patient had a Lindler's that was positive for thoracic pain; however, it failed to indicate the patient had myotomal or dermatomal findings that would support the necessity for a neurosurgical referral. Given the above, the request for neurosurgical referral is not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicate the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Clinical documentation submitted for review failed to provide findings of myotomal and dermatomal deficits to support the necessity for a cervical MRI. Given the above, the request for cervical MRI is not medically necessary.

Chiropractic treatment, two (2) visits per month for the next two (2) months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if it is caused by a musculoskeletal condition. The time to produce effect is 4 to 6 treatments and treatment beyond 4 to 6 visits should be documented with objective functional improvement. The request as submitted failed to indicate the body part to be treated. Additionally, there was a lack of documentation indicating the number of prior therapy sessions, as well as the patient's functional response to the prior sessions. Per the submitted request, there was a lack of the number of sessions being requested. Given the above, the request for chiropractic treatment, 2 visits per month for the next 2 months, is not medically necessary.

Neurodiagnostic testing of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that 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. Clinical documentation submitted for review failed to provide documentation of myotomal and dermatomal findings to support the necessity for neuro-diagnostic testing of the upper extremities. Given the above, the request for neuro-diagnostic testing of the upper extremities is not medically necessary.