

Case Number:	CM13-0049330		
Date Assigned:	06/09/2014	Date of Injury:	11/02/1995
Decision Date:	08/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury on November 2, 1995. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, unspecified amounts of chiropractic manipulative therapy, and extensive periods of time off of work. In an October 10, 2013 utilization review report, the claims administrator denied the request for both the eight sessions of physical therapy and also a request for cervical MRI imaging. Both non-MTUS Official Disability Guidelines (ODG) and MTUS Guidelines were invoked, although the claims administrator did not incorporate either set of guidelines into its rationale. The applicant's attorney subsequently appealed. In an October 3, 2013 progress note, the applicant was described as having intensified neck pain and stiffness, although no motor deficit was noted on exam. A Sensory function about the upper extremities is intact with the cervical range of motion was limited. A MRI imaging of the lumbar spine was ordered to assess the presence of disk disease and/or canal stenosis. A request for eight sessions of physical therapy was also sought. In an earlier chiropractic note of July 18, 2013, the applicant's primary treating provider, chiropractor stated that the applicant was entitled to 24 sessions of chiropractic care annually.

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): 172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182 table 8-8.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8 page 182, MRI or CT scanning is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure. In this case, however, there is no evidence that the applicant is actively considering or contemplating an invasive procedure. It is not clearly stated that the applicant is a surgical candidate. The applicant's treating provider has, rather, suggested that the MRI is being ordered for academic purposes to assess the progression of disc disease and/or canal stenosis. This is not an appropriate indication for MRI imaging, per ACOEM. Therefore, the request is not medically necessary.

8 sessions of Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgia and myositis of various body parts, the issue reportedly present here, pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further note that the frequency of treatment over time should be faded, with emphasis placed on active therapy, active modalities, and self-directed home physical medicine. In this case, it was not clearly stated how much cumulative treatment the applicant has had over the course of the claim. It was not clearly stated why the applicant could not as suggested by the MTUS, transition towards self-directed home physical medicine. The applicant's response to earlier treatment, moreover, had not been outlined. No clear goals for additional physical therapy were provided. Therefore, the request was not medically necessary.