

Case Number:	CM13-0051511		
Date Assigned:	01/03/2014	Date of Injury:	03/27/2013
Decision Date:	03/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 Interventional Spine, 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 45 year old female who sustained a work-related injury on 3/27/03. The listed diagnoses are cervicalgia, lumbago status post motor vehicle accident, and myalgias. According to a report dated 10/28/13, the patient presents with continued lower and upper back pain. The patient states that her neck is sore. She has not been able to work since the previous Thursday due to her low back pain. Examination showed positive Spurling's test and sensation intact to light touch. Strength testing was noted to be within normal limits. There was tenderness to palpation over the cervical paraspinal musculature, upper trapezius musculature, scapular border, lumbar paraspinal musculature, and sacroiliac joint region, as well as the greater trochanteric bursa bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy for myofascial release three times a week for four weeks for the cervical/low back: Upheld

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

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

Decision rationale: For physical medicine, the MTUS guidelines recommend 9-10 visits over eight weeks for myalgia and myositis. Given the patient's complaints of soreness and pain in the upper and lower back, a short course of 9-10 sessions may be warranted. However, the requested 12 sessions exceeds what is recommended by MTUS Guidelines. As such, the request is noncertified.

The request for x-rays of the cervical and lumbar spine: Upheld

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

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)

Decision rationale: ACOEM guidelines on special studies for the cervical spine indicate that criteria for studies are 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 an invasive procedure. In this case, the patient does not present with serious bodily injury, neurological deficit from trauma, or is anticipating an invasive procedure requiring clarification of the anatomy. Furthermore, an x-ray of the cervical spine with five views was already obtained on 4/2/13 with the results noted as normal. An MRI of the cervical spine was also obtained dated 4/22/13 which showed disk desiccation at C6-C7 with 2-3mm disk osteophyte complex (not noted to be causing central spinal canal stenosis.) The documentation provided for review does not state the reasoning for requiring additional imaging. The requested cervical x-ray is not medically necessary and recommendation is for denial. The MTUS and ACOEM guidelines do not specifically discussed x-rays for the lumbar spine. However, the Official Disability Guidelines states that radiograph x-rays are not recommended in the absence of red flags. In this case, the patient does not present with serious bodily injury, neurological deficit from trauma, or suspected fracture to warrant x-ray of the lumbar spine. Additionally, an x-ray of the lumbar spine was already obtained on 4/2/13 which showed normal results. The requested lumbar x-ray is not medically necessary and recommendation is for denial. As such, the request is noncertified.