

Case Number:	CM14-0003164		
Date Assigned:	01/31/2014	Date of Injury:	02/11/2012
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 patient is an employee of [REDACTED] and has submitted a claim for lumbar sprain and lumbosacral spondylosis without myelopathy, and neck sprain and cervical spondylosis without myelopathy associated with an industrial injury date of February 11, 2012. Treatment to date has included oral analgesics, muscle relaxants, activity modification and acupuncture. Medical records from 2013 were reviewed and showed persistent, stabbing type, axial neck pain radiating to the left trapezius with a VAS score of 7. Physical examination showed mild tenderness of the cervical paraspinal and trapezial musculature and limitation of motion; no neurologic deficits were noted. The patient was diagnosed with cervical strain and cervical spondylosis without myelopathy. An X-ray of the cervical spine was obtained on February 16, 2012 and showed marked loss of cervical lordosis which suggests significant cervical spasms secondary to the cervical strain; physical therapy for the cervical spine was requested due to this. MRI of the cervical spine was also requested to obtain definitive images to rule out a surgical lesion. Utilization review dated December 17, 2013 denied the request for cervical spine MRI with and without contrast because physical examination did not show neurological deficits. The request for physical therapy for the cervical spine QTY: 16 were modified to QTY: 6 due to the presence of pain supported by physical examination findings of tenderness and limitation of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE MAGNETIC RESONANCE IMAGE WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180.

Decision rationale: As stated on pages 179-180 of CA MTUS ACOEM Practice Guidelines, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination, or electrodiagnostic studies. In this case, an MRI of the cervical spine was being requested to obtain definitive images to rule out a surgical lesion. However, the records did not show objective findings of neurologic dysfunction and red flag conditions that would warrant an MRI. Furthermore, there was no discussion regarding the need to clarify anatomy for a contemplated invasive procedure, and there was no evidence of trial and failure of progression in a strengthening program. The medical necessity has not been established. Therefore, the request for cervical spine magnetic resonance image with and without contrast is not medically necessary.

PHYSICAL THERAPY FOR THE CERVICAL SPINE 2 X PER WEEK FOR 8 WEEKS: Upheld

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

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

Decision rationale: According to page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Physical Medicine can provide short term relief during the early phases of pain treatment. The guideline also recommend it for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG Physical Therapy guidelines recommend an initial 6-visit clinical trial of physical therapy, and with evidence of improvement, can total up to 9 visits over 8 weeks for cervicalgia and cervical spondylosis. In this case, the patient has persistent neck pain with tenderness and limitation of motion on physical examination for which 16 physical therapy visits were requested. However, the guideline recommends an initial 6-visit clinical trial prior to a continued course of treatment. The requested number of physical therapy visits would exceed guideline recommendation. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for physical therapy for the cervical spine 2 times per week for 8 weeks is not medically necessary.

