

Case Number:	CM14-0010647		
Date Assigned:	02/21/2014	Date of Injury:	05/09/2013
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 applicant has filed a claim for neck, low back, and shoulder pain reportedly associated with an industrial injury of May 9, 2013. 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; and unspecified amounts of chiropractic manipulative therapy over the life of the claim. In a utilization review report dated January 9, 2014, the claims administrator denied a request for cervical MRI (magnetic resonance imaging), lumbar MRI imaging, shoulder MRI imaging, and twelve sessions of physical therapy, citing non-MTUS Official Disability Guidelines (ODG) in the case of each of the imaging studies, although the MTUS, through ACOEM, addressed each and all the topics at hand. The claims administrator stated that the applicant had had earlier MRI imaging through a previous treating provider and had undergone previous physical therapy, also through a previous treating provider. The applicant's attorney subsequently appealed. A February 11, 2014 progress note is notable for comments that the applicant reported ongoing complaints of headaches, neck pain, vertigo, shoulder stiffness, and low back pain. The applicant exhibited 5/5 upper extremity strength. The applicant had cervical MRI imaging of January 14, 2014, which was notable for a syrinx from the level of the C5 vertebral body to the lower end of the T1 vertebral body. It was stated that cystic neoplasm was clearly excluded. MRI imaging of the lumbar spine was notable for low grade disk bulge at L4-L5 and L5-S1 of unknown clinical significance. Epidural steroid injection therapy and physical therapy were sought while the applicant was placed off of work, on total temporary disability. On January 16, 2014, the attending provider apparently sought authorization for MRI imaging on the grounds that the applicant had not had any previous workup for his complaints. The applicant was described as having ongoing issues with headaches, neck pain, shoulder pain, and low back pain. The applicant was possessed to have 5/5 upper extremity strength with mildly

positive straight leg raise, it was stated. A lumbar steroid injection was performed. It was stated that earlier chiropractic manipulative therapy had not helped the applicant. Also reviewed is an earlier shoulder MRI dated July 13, 2013 notable for a tear of the anterior superior labrum with no other significant findings noted. An earlier cervical MRI report of July 13, 2013 was notable for a lesion within the spinal cord at C5 through T2, likely representing a syrinx. An earlier lumbar MRI of July 15, 2013 was also notable for multilevel low-grade disk bulge of uncertain clinical significance.

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, MRI (magnetic resonance imaging) of the cervical spine is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no mention or suggestion that the applicant was actively considering an interventional procedure insofar as the cervical spine was concerned. The applicant was possessed with well-preserved, 5/5 upper extremity motor function, arguing against any clear nerve root compromise for which cervical MRI imaging would have been indicated. It is further noted that the cervical MRI in question was ultimately equivocal and did not reveal any clear evidence of a lesion amenable to surgical correction. Therefore, the request is not medically necessary.

MRI OF THE 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), Low Back, Lumbar spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, imaging studies should be reserved for applicants in whom surgery is being considered and/or red-flag diagnoses are being evaluated. In this case, however, there was no clearly voiced suspicion of fracture, tumor, infection, or cauda equina syndrome for which repeat lumbar MRI imaging would have been indicated. There was no indication, mention, or suggestion that the applicant was actively considering or contemplating surgical intervention insofar as the lumbar spine was concerned.

There was no evidence of any deterioration in the clinical picture since the earlier lumbar MRI of July 2013. Therefore, the request for repeat lumbar MRI imaging was/is not medically necessary.

MRI OF THE RIGHT SHOULDER: 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), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, routine MRI (magnetic resonance imaging) for evaluation purposes without surgical indication is "not recommended." In this case, there is no mention, indication, or suggestion that the applicant is considering or contemplating shoulder surgery. The applicant has already had earlier shoulder MRI imaging which demonstrated evidence of a labral tear. There is no mention or rationale as to why repeat shoulder MRI imaging is being pursued, particularly if the applicant is not intent on acting on the results of the same and/or contemplating a surgical remedy. Therefore, the request is not medically necessary.

TWELVE SESSIONS OF PHYSICAL THERAPY FOR THE NECK, BACK, AND RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain management Page(s): 99; 7-8.

Decision rationale: The 12-session course of treatment requested is in excess of the 9- to 10-session course recommended in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of the various body parts. In this case, the applicant has had prior unspecified amounts of physical therapy over the life of the claim. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has failed to demonstrate any functional improvement with earlier physical therapy. The applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including medications, manipulative therapy, and epidural steroid injection therapy. Therefore, the request for twelve sessions of physical therapy in excess of MTUS parameters is not medically necessary owing to the applicant's poor response to earlier physical therapy treatment as defined by the functional improvement measures established in section 9792.20f. As such, the request is not certified.