

<b>Case Number:</b>	CM14-0139404		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 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 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:

This is a 58 year-old female with a 9/17/09 date of injury. The patient was most recently seen on 9/11/14 with complaints of persistent pain in the neck, mid-back, low back, and mouth. Exam findings revealed tenderness to palpation, with guarding, of the cervical, thoracic and lumbar spine. Treatment notes dated 7/24/14 describe complaints of neck pain radiating down the right shoulder blade, and low back pain radiating down the left leg and right knee. Physical examination on this date of service revealed tenderness of the aforementioned spinal regions with guarding, and a positive Straight Leg Raise test on the left. MRI of the cervical and lumbar spine were ordered, to be compared with those performed in 2012. The patient's diagnoses included: 1) Cervical disc disease; 2) Thoracic disc disease; 3) Lumbar disc disease. The medications included ibuprofen, 800 mg, omeprazole, 20 mg. Significant Diagnostic Tests: MRI cervical spine (1/17/14); MRI lumbar spine (11/30/12); X-rays, lumbar spine; NCV/EMG upper extremities; NCV/EMG lower extremities. Treatment to date: medications, physical therapy. An adverse determination was received on 8/7/14: 1) Due to the patient having had a prior MRI of the cervical spine on 1/17/14, which showed minimal findings. An MRI of the lumbar spine on 11/30/12 revealed a 4-5 mm disc protrusion at L4-5, and a 2-3 mm disc protrusion at L5-S1. An EMG showed chronic right L2-3 radiculopathy, moderate bilateral median neuropathy at the wrists, and bilateral cerebral sensory neuropathy. In addition, no significant abnormal neurological findings were documented, and there was no documentation of worsening of her condition or a re-injury. Therefore, repeat MRIs of the cervical and lumbar spine were considered not medically necessary. 2) Due to the patient having had extensive PT/chiropractic for this chronic condition, and there having been no significant subjective or objective measures of improvement documented, continued PT was considered not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of the cervical and lumbar spines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for Imaging - Magnetic resonance Imaging (MRIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-180;303-304.

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This patient complains of persistent neck pain, with radiation into the shoulder blade, following an injury 5 years ago. No worsening of the patient's condition is noted, and there has been no re-injury. Physical examination reveals tenderness with guarding of the paraspinal muscles, but no significant neurological deficits are documented. An EMG (no date recorded) revealed neuropathy; however, an MRI of the cervical spine, reported to have been done 6 months ago, showed minimal changes. Therefore, the request for an MRI of the cervical spine is not medically necessary. CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. This patient complains of persistent low back pain, with radiation to the lower extremities, following an injury 5 years ago. No worsening of the patient's condition is noted, and there has been no re-injury. Physical examination reveals tenderness with guarding of the paraspinal muscles, but no significant neurological deficits are documented. An EMG (no date recorded) revealed chronic right L2-3 radiculopathy; however, an MRI of the lumbar spine, on 11/30/12 revealed a 4-5 mm disc protrusion at L4-5, and a 2-3 mm disc protrusion at L5-S1. An EMG (no date recorded) showed chronic right L2-3 radiculopathy. In addition, no significant abnormal neurological findings were documented, and there was no documentation of worsening of her condition or a re-injury. Therefore, repeat MRI of the lumbar spine was considered not medically necessary.

### **Physical therapy of the cervical and lumbar spines, twice weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. This patient is currently being treated for chronic neck and back pain, arising from an industrial injury 5 years ago. Although no PT notes were provided in the medical records reviewed, it was noted that this patient had already had extensive PT/chiropractic for this condition. However, no significant subjective or objective benefits from past PT were documented in the chart. Therefore, the request for Physical therapy of the cervical and lumbar spine, twice weekly for six weeks, was considered not medically necessary.