

<b>Case Number:</b>	CM14-0171142		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/28/2001
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family Practice, 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:

64 yr. old female claimant sustained a work injury on 6/28/01 involving the right shoulder, neck and back. She was diagnosed with a partial tear of the right rotator cuff and bulging discs in the cervical and lumbar spine. A progress note on 9/15/14 indicated the claimant had right shoulder pain, neck pain and decreased range of motion of the cervical and lumbar spine. The physician ordered and MRI of the cervical and lumbar spine as well as pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** 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), Neck and Cervical Chapter

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended

for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (lumbar and thoracic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant did not have the above symptoms. The pain was chronic and did not warrant an MRI based on the exam findings. The MRI of the lumbar spine is not medically necessary.

**Pool therapy two times a week for six weeks, 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy physical medicine Page(s): 22 98-99.

**Decision rationale:** According to the MTUS guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. In this case, there was no indication that the claimant can't perform land therapy. The amount of aquatic therapy is recommended up to 10 visits as well. Based on lack of supporting need and the amount of sessions requested, the request above is not medically necessary.