

<b>Case Number:</b>	CM14-0179594		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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:

According to the records made available for review, this is a 38-year-old female with a 5/6/14 date of injury. At the time (10/18/14) of request for authorization for MRI of the cervical spine without dye and 12 sessions of physical therapy for the cervical and lumbar spine, there is documentation of subjective (cervical pain rated 10/10) and objective (light tenderness over the paracervical and trapezius on the left, reflexes 1+/2 bilaterally, 5/5 muscle strength, and sensation intact; light tenderness over the paralumbar area) findings, current diagnoses (lumbar strain and cervical strain), and treatment to date (medications, acupuncture, and physical therapy times 6). Regarding the requested MRI of the cervical spine without dye, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence of tissue insult or neurologic dysfunction, or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Regarding the requested 12 sessions of physical therapy for the cervical and lumbar spine, there is no documentation of functional deficits, exceptional factors to justify going outside of guideline parameters, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

### 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 without dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnosis of cervical strain. In addition, there is documentation of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence of tissue insult or neurologic dysfunction, or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine without dye is not medically necessary.

**12 sessions of physical therapy for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back, Physical Therapy

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and cervical strain. In addition, there is documentation of 6 physical therapy visits completed to date. However, despite documentation of light tenderness over the paracervical and paralumbar area, there is no documentation of functional deficits. In addition, given documentation of a request for 12 sessions of physical

therapy for the cervical and lumbar spine, which along with the number of visits provided to date, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of physical therapy for the cervical and lumbar spine is not medically necessary.