

Case Number:	CM14-0183584		
Date Assigned:	11/10/2014	Date of Injury:	11/17/2009
Decision Date:	12/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/04/2014

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 New York. 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 injured worker is 70-year-old male with a reported date of injury on 11/17/2009. The mechanism of injury was not included. His diagnoses included cervical pain syndrome, lumbar pain syndrome, and right shoulder impingement. His past treatments included medications and a home exercise program. Upon examination on 06/26/2014, it was noted that cervical spine range of motion showed extension to 40 degrees, flexion to 40 degrees, bilateral rotation to 30 degrees, and bilateral flexion to 60 degrees with overall good range of motion to the neck. The lumbosacral spine range of motion showed extension to 15 degrees, flexion to 60 degrees, bilateral rotation to 30 degrees, and bilateral flexion to 20 degrees with pain experienced in all ranges of motion. The neurological examination of both upper extremities showed normal muscle function, normal reflexes bilaterally, and sensation was normal bilaterally. On 09/18/2014, the injured worker presented with complaints of constant back pain with intermittent radiation of pain to the right leg. The physical examination revealed no significant change in his findings since the prior office visit on 06/26/2014. His medications included ibuprofen, Norco, and Ambien. The treatment plan included recommendations that the injured worker await further evaluation of the cervical spine with an MRI and electrodiagnostic studies and conservative treatment to the lumbar spine using physical therapy and medications. The request was for an MRI of the cervical spine, an EMG/NCS of the bilateral upper extremities and physical therapy three times a week for four weeks to the neck and back. The rationale for the request was not included. The Request for Authorization form was dated 10/01/2014.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state imaging studies may be ordered when there is emergence of a red flag or physiologic evidence of tissue insult or neurological dysfunction, when there is failure to progress in a strengthening program intended to avoid surgery. The included documentation failed to show evidence of significant neurological deficits on physical examination as the injured worker had normal strength, sensation, and deep tendon reflexes. Additionally, documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on exam, an MRI is not supported. As such, the request for MRI of the cervical spine is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for EMG/NCS bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The included documentation lacked evidence of muscle weakness, decreased sensation, and other symptoms which would indicate possible nerve impingement. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.

Physical therapy three times a week for four weeks to the neck and back: Upheld

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

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

Decision rationale: The request for Physical Therapy three times a week for four weeks to the neck and back is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires internal effort by the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 physical therapy visits for up to 4 weeks. There is a lack of documentation regarding the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The amount of physical therapy visits that have already been completed was not provided. Objective findings demonstrating deficit in the cervical spine were not provided. In addition, the rationale for the submitted request was not provided. Therefore, the request for Physical Therapy three times a week for four weeks to the neck and back is not medically necessary.