

Case Number:	CM14-0035148		
Date Assigned:	06/23/2014	Date of Injury:	03/28/2007
Decision Date:	09/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 56-year-old female with a reported date of injury on 03/28/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic migraine without aura, lumbar/lumbosacral disc degeneration, and spinal stenosis to the lumbar region, post-concussion syndrome, cervical degenerative disc disease, and chronic pain syndrome. Her previous treatments were noted to include epidural steroid injections, physical therapy, acupuncture, and medications. The progress note dated 02/26/2014 revealed the injured worker complained of chronic pain in her cervical spine. The injured worker complained of severe neck pains with throbbing pains that caused sleep disturbance due to pain. The injured worker indicated when it would spasm, she was not able to turn her head, and she has heard cracking and popping on the left side. The injured worker complained of daily headaches that made her head feel like it was going to explode and she hardly is able to leave the house due to the pain. The injured worker feels the headaches were radiating from her neck as she has always had neck pains with headaches. The physical examination of the cervical spine revealed straightening of the spine with the loss of normal cervical lordosis. The range of motion was restricted, but near full, and very stiff with testing and painful. The examination of the paravertebral muscles noted spasm, tenderness, and tight muscle banding. Her headache was reproduced with palpation of the upper cervical muscles and with range of motion testing, was noted on both sides. The spinous process tenderness was noted on C2 and C5-6. There was tenderness noted at the rhomboids and trapezius. The Spurling maneuvers produced no pain in the neck musculature or radicular symptoms in the arm. The muscle strength examination of the injured worker revealed normal

tone, power, and nutrition. The sensory examination revealed loss of sensation to the bilateral hands in the median nerve distribution and right medial leg. The deep tendon reflexes were 1/3 on both sides, triceps reflex was 1/3 on both sides, and brachioradial reflex was 1/3 on both sides. The provider indicated the injured worker had not had formal physical therapy for her neck and did not have a good home exercise program for her neck. The Request for Authorization form was not submitted within the medical records. The request was for an MRI without contrast to the cervical spine due to increased radicular symptoms, and physical therapy 2 times a week for 6 weeks for the neck/cervical spine (12) as the injured worker has not had formal physical therapy on her neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast cervical: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI without contrast to the cervical spine is non-certified. The injured worker complains of neck pain that radiates into the bilateral upper extremities. The CA MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When neurological examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The assessment may include sensory evoked potentials if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define potential cause such as an MRI for neurological deficits. The guidelines state an MRI can be used to identify anatomic defects. The guidelines state imaging studies can be warranted for persistent symptoms beyond a 3 to 4 week period of conservative treatment; however, the injured worker has not received previous physical therapy to her neck and therefore has not failed conservative treatment. Therefore, the request is not medically necessary.

Physical therapy 2 times a week for 6 weeks for the neck/c-spine (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Physical Therapy 2 times a week for 6 weeks for the neck/cervical spine (12) is not medically necessary. The injured worker has not had previous physical therapy to her neck. The California Chronic Pain Medical Treatment Guidelines recommend active therapy be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies as an extension of the treatment process in order to maintain improvement levels. The guidelines recommendation for neuralgia, neuritis, and radiculitis is 8 to 10 visits over 4 weeks. There is lack of documentation regarding current measurable functional deficits; however, the request for 12 sessions of physical therapy exceeds guidelines recommendations. Therefore, the request is not medically necessary.