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| Case Number: | CM14-0048143 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 05/16/2013 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of May 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; negative x-rays of the shoulder of September 5, 2013; and x-rays of the cervical spine on May 17, 2013, notable for chronic discogenic disease at C5, C6, and C7. In a Utilization Review Report dated February 12, 2014, the claims administrator denied a request for cervical MRI imaging. The claims administrator did not specify any applicant-specific information, but simply ACOEM Guidelines. Claims administrator also denied a request for 12 to 18 sessions of physical therapy, again exclusively citing guidelines with no applicant-specific information. The claims administrator, it incidentally noted, mislabeled the citation as originated from ACOEM as opposed to the MTUS Chronic Pain Medical Treatment Guidelines. In a handwritten note dated January 22, 2014, difficult to flow, not entirely legible, authorization was apparently sought for shoulder and cervical MRI imaging. 12 to 18 sessions of physical therapy were sought. The applicant was described as having well preserved shoulder range of motion with tenderness about the shoulder joint and shoulder musculature. No reflex changes, upper extremity weakness, or sensory changes were noted. Flexeril and Motrin were continued. The applicant was given work restrictions, although it was not clear whether or not the applicant is working. Little or no narrative rationale was provided; the note comprised almost entirely of pre-printed checkbox.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: 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): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, table 8-8 does recommend MRI or CT imaging to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there was no clear evidence of neurologic compromise outlined on the handwritten progress note provided. The applicant was specifically described as having normal upper extremity motor function with no sensory or reflex changes. There was no description of radicular neck pain, furthermore. There is no evidence that the applicant was actively considering or contemplating any kind of invasive procedure involving the cervical spine or that the outcome of the cervical MRI would alter the treatment plan. Therefore, the request is not medically necessary.

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: In the attending provider's progress note and on the independent medical review application, it was stated that the attending provider was pursuing 12 to 18 sessions of physical therapy. The 12 to 18 sessions physical therapy proposed, however, represent treatment while in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasized active therapy, active modalities, self-directed home physical medicine, and tapering or fading the frequency of treatment over time. The request, as written, however, does not make any attempt to try and reduce the frequency of treatment over time or emphasize self-directed home physical medicine. Therefore, the request is not medically necessary.