

Case Number:	CM14-0077859		
Date Assigned:	07/18/2014	Date of Injury:	01/06/2012
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 Illinois. 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 a 69-year-old female who reported an injury on 01/06/2012. The mechanism of injury was not provided. On 06/13/2014, the injured worker presented with neck pain. Upon examination, the range of motion was decreased for the lumbar spine in all planes. Range of motion values were 47 degrees of flexion, 9 degrees of extension, 12 degrees of right lateral bending, and 10 degrees of left lateral bending. There was intact sensation and 5-/5 strength over the left deltoid, left internal and external rotators, left wrist extensors and flexors, and triceps. There was a positive bilateral straight leg raise and a positive Lasegue's bilaterally. X-Ray of the cervical spine dated 03/21/2014 revealed hardware intact for postop C4-7 with mild disc narrowing at the L3-4 with small spondylolisthesis at C2-3 and C3-4. An MRI performed on 04/13/2014 of the cervical spine revealed loss of cervical lordosis, moderate intervertebral disc narrowing at C3-4 and C7-T1, C3-4 focal 2 mm central disc protrusion, and C4-7 mild bilateral neural foraminal narrowing. An MRI performed on 05/28/2014 revealed mild degenerative disc disease with retrolisthesis at L3-4, L4-5, and L5-S1 with canal stenosis over the L4-5 with mild to moderate canal stenosis at L5-S1. Diagnoses were status post anterior cervical decompression and fusion from C4-7 on 02/26/2013, HNP of the lumbar spine with stenosis, cervical myelopathy, lumbar radiculopathy, and dysphasia. Prior therapy included surgery, physical therapy, and medications. The provider recommended additional postop physical therapy 6 sessions, MRI of the cervical spine and pain management follow up. The provider's rationale was not provided. The Request for Authorization form was dated 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 6 sessions to teach home exercise program for cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The request for additional postop physical therapy 6 sessions teaches home exercise program for cervical and lumbar spine is not medically necessary. The California MTUS states postsurgical physical medicine is recommended. Postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries as defined in the guidelines. The postsurgical treatment period is 6 months. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The guidelines state that 34 visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months are recommended. The included medical documents reveal that the injured worker had participated in 13 sessions of physical therapy post-surgery. The injured worker has had a cervical decompression fusion dated 02/26/2013. The postsurgical medical treatment period is 6 months; the provider's request for additional physical therapy visits exceeds the recommendation of the guidelines. The total amount of physical therapy visits that the injured worker has completed was not provided. Additionally, the guidelines recommend the continuation of independent active therapies at home as an extension of the treatment process in order to maintain improvement levels. As such, the request is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment section for the neck under heading MRI.

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

Decision rationale: The request for MRI of the cervical spine is non-certified. The California MTUS/ACOEM Guidelines state for injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. The criteria for use of an imaging study include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, imaging studies

may be recommended. There was lack of documentation of the injured worker's failure to respond to conservative treatment, the efficacy of the prior treatment measures, and the emergence of a red flag. The injured worker had previous MRI of the cervical spine dated 03/2014, there was lack of evidence of a change in condition, or worsening symptoms to warrant the need for a duplicated MRI of the cervical spine. As such, the request is not medically necessary.

Pain management follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: Clinical office visits with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability. Determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinical feasible. There is a lack of documentation of the efficacy of the prior uses of medication and efficacy of the prior conservative treatment provided for the injured worker. There is no information on how a pain management follow up will allow the provider to evolve in an active treatment plan or goals for the injured worker. As such, the request is not medically necessary.