

<b>Case Number:</b>	CM14-0086128		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Montana. 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 was employed as a grocery cashier and was treated for cumulative trauma disorder from 1994 through 1997 resulting in chronic neck and bilateral shoulder and upper extremity pain. He also sustained a left shoulder injury in 2008 in a claim that was settled in 2010. He subsequently worked as an information systems analyst in a job that did require repetitive lifting of equipment weighing 50-100 pounds. He would again have significant symptoms related to his neck, shoulders and upper extremities. In June 2010 he had a left carpal tunnel release and left elbow surgery in August 2010. Records from 2011 indicate that he had ongoing complaint of neck, left shoulder and elbow pain. The next record available is a note from his primary treating physician dated 5/12/14 for initial evaluation of injury related to cumulative trauma from 3/5/07 through 3/5/13. It indicated that he is currently working. His current complaints include neck pain radiating to both upper extremities and back pain radiating to both lower extremities. The treating physician has requested MRI of the cervical and lumbar spine, physical therapy (12 visits) for both cervical and lumbar conditions and a general surgery consultation to rule out hernia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS in the ACOEM guidelines states that 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. Most patients improve quickly provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag condition, 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 invasive procedures. An imaging study may be appropriate for a patient who's limitations due to consistent symptoms have persisted for 4-6 weeks or more, when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and therefore has no temporal association with the symptoms. The ODG Guidelines note that cervical MRI is not recommended except for indications listed below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation.) See also ACR Appropriateness Criteria. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. In this case, while he does have neck pain with some mild sensory complaints in the upper extremities, there is no documentation of spinal trauma, myelopathy, radiculopathy with significant neurologic deficit or other red flag conditions that would meet the criteria for a cervical MRI prior to a trial of at least 3-4 weeks of conservative therapy. The request for MRI of the cervical spine is not medically necessary. It is noted that the medical records do show that an MRI of the cervical spine was performed on 5/16/14. The MTUS guidelines would not support follow-up cervical MRI at this time as well. Therefore, the request is not medically necessary.

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery and option. Indiscriminate imaging will result in false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the overall false positive rate of 30%. The ODT guidelines document that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. In this case, while he does have low back pain with some mild sensory complaints in the lower extremities, there is no documentation of spinal trauma, myelopathy, radiculopathy with significant neurologic deficit or other red flag conditions that would meet the criteria for a lumbar MRI prior to at least one month trial of conservative therapy. The request for MRI of the lumbar spine is not medically necessary. It is noted that the medical records do show that an MRI of the lumbar spine was performed on 5/16/14. The MTUS guidelines would not support follow-up lumbar MRI at this time as well. Therefore, the request is not medically necessary.

**General Surgery Consultation to rule out hernia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The MTUS in the AVOEM guidelines notes that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation service to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the

medical records provide no documentation for any type of abdominal, pelvic or inguinal symptoms or physical findings. The request for General surgery consultation to rule out hernia is not medically necessary.

**Physical Therapy, Cervical and Lumbar Spine (Qty.12): Upheld**

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

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

**Decision rationale:** The MTUS notes that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. In this case the request for physical therapy for the cervical and lumbar spine would be inappropriate initial conservative treatment modality. The request for physical therapy for the cervical and lumbar spine, quantity 12, exceeds the number of visits recommended in the MTUS and is not medically necessary.