

<b>Case Number:</b>	CM14-0089922		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/22/09. A utilization review determination dated 6/3/14 recommends non-certification of PT and MRIs of the cervical, thoracic, and lumbar spine. 5/19/14 medical report identifies continued improvement with cervical facet injections and, combined with medications, they are proving effective in improving pain levels, function, ROM, and overall sense of comfort. Patient discussed outcome of hearing with attorneys and, per patient, the provider would need to fill out an RFA for MRIs of the cervical, thoracic, and lumbar spine, which would be authorized by the adjuster. On exam, there was tenderness over the left cervical facet joints mostly at C4-5 with limited ROM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (cervical) 1 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127.

**Decision rationale:** Regarding the request for physical therapy, the California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement from any previous PT sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of such documentation, the currently requested physical therapy is not medically necessary.

**Cervical spine MRI without contrast:** 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.

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

**Decision rationale:** Regarding the request for cervical spine MRI, the California MTUS and ACOEM note that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Within the documentation available for review, there is no indication of any red flags, neurological symptoms/findings, or another clear rationale for the MRI. In the absence of such documentation, the requested cervical spine MRI is not medically necessary.

**Thoracic spine MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Regarding the request for thoracic spine MRI, the California MTUS and ACOEM note that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Within the documentation available for review, there is no indication of any red flags, neurological symptoms/findings, or another clear rationale for the MRI. In the absence of such documentation, the requested thoracic spine MRI is not medically necessary.

**Lumbar spine MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Regarding the request for lumbar spine MRI, the California MTUS and ACOEM note that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Within the documentation available for review, there is no indication of any red flags, neurological symptoms/findings, or another clear rationale for the MRI. In the absence of such documentation, the requested lumbar spine MRI is not medically necessary.