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| Case Number: | CM14-0187490 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 03/07/2009 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 neck, shoulder, and low back pain with derivative complains of psychological stress and anxiety reportedly associated with an industrial injury of March 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; unspecified amounts of physical therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 14, 2014, the claims administrator partially approved a request for 24 sessions of physical therapy as six sessions of physical therapy while denying a cervical MRI outright. The claims administrator alluded to x-rays of the cervical spine of September 30, 2014 reportedly demonstrating evidence of a solid cervical spine fusion. The applicant was reportedly off of work, the claims administrator posited. The applicant had undergone cervical spine surgery in January 2013, the claims administrator posited. The applicant's attorney subsequently appealed. In an October 28, 2014 pain management consultation, the applicant reported ongoing complaints of neck pain reportedly associated with a trip and fall industrial contusion injury. Numbness and tingling about the hands and legs were appreciated. The applicant was spending most of her time in her apartment. The applicant was using Norco and unspecified topical compounds for pain relief. The applicant was wearing a cervical collar. Paresthesias/hyposensorium were appreciated about the bilateral hands. It was stated that the applicant had a "variety of psychological issues," was a "poor candidate for physical therapy," and had "significant depressive symptoms." The pain management consultant suggested that the applicant's primary constraints were mental health in nature. In an October 13, 2014 Physiatry consultation, the applicant reported persistent complaints of low back and neck pain. The applicant was evaluated to remove her cervical collar. Norco was endorsed while the applicant

was kept off of work, on total temporary disability. On September 29, 2014, the applicant was again kept off of work, on total temporary disability. The applicant was asked to follow up with a psychiatrist and a surgeon while remaining off of work. Norco and Terocin were dispensed. X-rays of the cervical spine were endorsed on June 16, 2014. The applicant was again kept off of work, on total temporary disability, at that point in time. Persistent complaints of neck pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic; Functional Restoration Approach to Chronic Pain Management Page(s): 99;.

Decision rationale: The 24 sessions of physical therapy at issue, in and of itself, represent treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI imaging of the cervical spine is recommended to help validate a 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/is no evidence that the applicant is actively considering or contemplating any kind of invasive procedure involving the cervical spine. Several of the applicant's treating providers, in progress notes referenced above, stated that the applicant's primary constraints are "mental health in nature." Several of the

applicant's treating providers, referenced above, stated that they did not believe the applicant's upper extremity paresthesias are physiologic in nature and, more likely, are a function of the applicant's underlying psychopathology. Several interventional spine physicians have written above that the applicant is not a candidate for any further interventional procedure involving the cervical spine. MRI imaging, thus, is not indicated in the clinical context present here. Therefore, the request for Magnetic Resonance Imaging (MRI) of the Cervical Spine is not medically necessary.