

<b>Case Number:</b>	CM14-0189109		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Interventional Spine 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 patient is a 44 year old female with an injury date of 05/17/11. The 09/29/14 progress report states that the patient presents with severe neck, upper back and right shoulder pain with sleep difficulty. The patient is in acute distress. Examination from 09/29/14 and 10/01/14 reveals diffuse tenderness of the cervical paravertebral muscles bilaterally right greater than left from the base of the cervical spine to the occipital junction. There is tenderness to palpation C2-C5 spinous and transverse processes with Spurling's sign positive on the right. The 10/02/14 examination shows decreased sensation in the right C5 through C-7 dermatomes. Shoulder depression is provocative for moderate to severe pain on the right with positive foraminal compression in the axial plane. Cervical rotation is limited in all planes with moderately depressed shoulder strength along the upper trapezius and shoulder with moderate pain over the pec deltoid area, AC and SC joints. Tinel's sign is positive over the supraclavicular fossa. The patient's diagnoses include status post right lateral epicondylitis release (07/11/13); cervical myofascial pain syndrome (flare); cervical sprain/strain (10/01/14 report); right upper extremity cervical radiculitis (10/01/14 report); right shoulder tendonitis/impingement; and torticollis. Physical therapy treatment reports for the upper extremity, arm and elbow are provided from 08/19/14 to 10/20/14. The utilization review being challenged is dated 10/13/14. The rationale regarding 9 sessions of physical therapy for the cervical spine is that 9 sessions have already been approved per the Authorization Letter of 10/07/14 and the 09/29/14 report. Reports were provided from 02/20/14 to 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times Weekly for 3 Weeks for the Cervical Spine: Overturned**

**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 Page(s): 98-99.

**Decision rationale:** The patient presents with severe neck, upper back and right shoulder pain. The provider requests for physical therapy 3 times weekly for 3 weeks for the cervical spine per 09/29/14 report that also cites a 09/17/14 request. The 09/17/14 report is not provided. MTUS pages 98, 99 state that for myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. On the 09/29/14 report the provider states this request is, "Directed at increasing ROM, relaxing hypertonic muscles and decrease pain." The reports show the patient is in acute distress with flare up of severe cervical spine pain. There is no evidence that the patient has received prior physical therapy or is within a post-surgical treatment period for the cervical spine. The request for 9 sessions (three times weekly for 3 weeks) is within what is allowed by MTUS. Therefore, this request is medically necessary.

**MRI of the Cervical Spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI

**Decision rationale:** The provider requests for MRI of the cervical spine per the 09/29/14 report. Official Disability Guidelines, Neck and Upper Back Chapter, MRI, states recommended for indications that include, "Chronic neck pain following 3 months conservative treatment, normal radiographs, neurologic signs or symptoms." Per the 09/29/14 report the provider states the reason for this request is, "to rule out IVD syndrome/discogenic pain." On 10/01/14 the provider states that the patient has significant cervical symptoms and a diagnostic MRI is requested. This report also states the patient was administered a cortisone injection to the right shoulder and there is a definite component of impingement syndrome in her shoulder. The provider further states, "however, I do believe the overwhelming majority of her symptoms are referred pain from the cervical spine." The 10/02/14 report states, "The patient may be a candidate for cervical epidural steroid injections but I need to review MRIs and EMG prior to moving forward with the injections." In this case, the reports show the patient presents with "cervical radicular symptoms" and examination shows "positive Spurling's sign on the right" and "decreased sensation right C5 through C7 dermatomes." There is no evidence of a prior cervical MRI for this patient. Therefore, this request is medically necessary.

