

<b>Case Number:</b>	CM14-0190419		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 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 injured worker is a 47-year-old female who reported an injury on 12/04/2012. The mechanism of injury reportedly occurred when the injured worker was attacked from behind. Her diagnoses included cervical sprain/strain and lumbar sprain. Her past treatments have included physical therapy for the lumbar spine, acupuncture, TENS unit, epidural steroid injections for the lumbar spine, and medications. Pertinent diagnostic studies included an official MRI of the lumbar spine without contrast which was performed on 03/20/2014. Pertinent surgical history was not included in the submitted documentation. At an office visit on 11/07/2014, the injured worker complained of increased swelling in the right upper trapezius muscles. She reported that she continued to have daily posterior neck pain and intermittent, focal axial neck pain, associated with headaches. She rated her pain 4-5/10. The injured worker also stated that she was depressed and stressed out, had difficulty sleeping, and poor memory and concentration. Upon examination of the cervical spine, facet tenderness was noted to the right. Motor strength of the elbows was 4/5 upon flexion to the right and 4/5 upon extension. Upon examination of deep tendon reflexes, biceps reflex was 2/3 bilaterally and brachioradial reflex was 2/3 bilaterally. The sensory exam was normal. Current medications were noted to include oxycodone/acetaminophen 7.5/325 mg tablet 1 tablet 3 times a day, diclofenac twice a day (dosage not provided), thyroid, Valium (dosages and frequencies not provided) and Zoloft 100 mg (frequency was not provided). The treatment plan included an MRI of the cervical spine, a prescription for Gralis, a request for Pilates, prescription for Metamucil, behavioral pain management consult and acupuncture. The rationale for the request was that the magnetic resonance imaging would show a good target for a procedure or surgery. The Request for Authorization form dated 10/07/2014 was provided in the submitted documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, MRI-Neck & Upper Back, page 177, 182

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

**Decision rationale:** The request for cervical MRI is not medically necessary. The injured worker has neck pain and headaches that radiate from the back of the neck to the temples bilaterally to the frontal area rated 4-5/10. The California MTUS/ACOEM Guidelines recommend ordering imaging studies when there is emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction, when there is evidence of failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy is needed prior to an invasive procedure. The injured worker has upper extremity decreased motor strength on physical exam. The injured worker has had 3 rounds of physical therapy. However, it is not clear how much physical therapy was specific to the injured worker's neck, if any. Additionally, the documentation as submitted did not include evidence of the injured worker having tried and failed NSAID's or participating in a home exercising program. The documentation as submitted does not support the medical necessity for a cervical MRI. As such, the request for cervical MRI is not medically necessary.

**Behavioral pain management, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The request for behavioral pain management, 6 sessions is not medically necessary. The documentation submitted for review indicated the injured worker was extremely stressed out and having difficulty coping with the stress and pain of her neck. The injured worker has completed 3 rounds of physical therapy that have failed to relieve her pain. The California MTUS Guidelines recommend an initial trial of 3-4 cognitive behavioral therapy visits over 2 weeks after 4 weeks if lack of progress from physical medicine alone. While a trial of behavioral pain management would be supported to address the injured worker's lack of progress from physical medicine treatment, the request for 6 sessions exceeds the number of visits recommended for an initial trial. As such, the request for behavioral pain management, 6 sessions is not medically necessary.

