

Case Number:	CM14-0192727		
Date Assigned:	11/26/2014	Date of Injury:	09/13/2014
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old female who was injured on 9/13/2014 while lifting a patient to a bed, feeling a pain in her neck, upper back, and lower back. She was diagnosed with cervical spine sprain/strain and lumbar spine sprain/strain. She was treated with medications. Recently before this injury, the worker was involved in a car accident on 2/19/2014, causing injuries to her neck and back also, causing chronic neck and low back pain rated 5/10 on the pain scale prior to this most recent aggravation of her neck and low back pain treated with both chiropractor treatments and physical therapy (not numbered in the notes available for review). She later was seen by her primary treating physician for an initial orthopedic evaluation reporting cervical pain rated 8/10 on the pain scale without radiation of pain but with reported occasional numbness and tingling down both arms to fifth digits in both hands, lumbar pain rated 8/10 on the pain scale with radiation of pain to right leg but without numbness or tingling to legs. She reported using only Motrin for her pain. She reported that the bilateral upper extremity numbness and tingling were new since her most recent lifting-related injury. Physical examination findings included positive Spurling's test, tenderness of the upper back and neck, reduction in sensation of C6 dermatome on right, reduced strength of C8 and T1 dermatomes bilaterally, reduced upper extremity deep tendon reflexes, slow gait, positive straight leg raise, normal lower extremity strength and sensation, and reduced lower extremity deep tendon reflexes. She was then recommended medications, physical therapy (neck and low back), EMG/NCV testing of both left and right upper extremities, and MRI (cervical and lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Cervical Spine: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was not any documented evidence to suggest any red flags, discussion of surgery or procedures, or any other indications that would make the MRI appropriate at this stage in her injury. Although there was reported new numbness in her upper extremities of this worker, it is too early since her acute flare-up of her neck pain to warrant imaging. Since there is not sufficient evidence to suggest conservatively treatments were fully implemented for at least a month or more, home exercises and stretches as well as medications would be more appropriate at this stage. Therefore, the cervical MRI is not medically necessary.

MRI of The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

Decision rationale: The MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equine), infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be

reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case did not exhibit and red flag signs or symptoms and there was no confirming objective physical examination findings which might have helped diagnosed lumbar radiculopathy. Therefore, imaging is not medically necessary.

EMG/NCV of The Bilateral Upper Extremities: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, she had not yet fully implemented all efforts of conservative care (medications, home exercises) for long enough to consider additional testing, regardless of her experiencing subjective complaints and having objective evidence to suggest cervical radiculopathy. Therefore, due to the wrong timing and possibility of not requiring any additional testing after more complete conservative care, the request for EMG/NCV testing of the upper extremities is premature and not medically necessary at this stage.

Physical Therapy 2 Times A Week for 4 Weeks to The Cervical Spine: Upheld

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: Physical therapy in the form of passive therapy for the neck is recommended by the MTUS Guidelines as an option for chronic neck pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for cervical sprain pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already injured her neck months prior and this re-injury and had been treated with physical therapy, although the number of session completed and the benefit from these was not documented in the notes provided for review. Considering the time since her prior injury, however, and there being no evidence to suggest she was incapable of performing home exercises, there seems to be no need to send her to supervised passive physical therapy again for an acute flare up of a previous injury. Home exercises seem to

be the best move forward. Even if supervision were required, it is unlikely that more than 1-3 supervised sessions for instruction would have been enough to help the worker transition to home exercises. Therefore, considering the above, the 8 sessions of physical therapy for the cervical spine is not medically necessary.

Physical Therapy 2 Times A Week for 4 Weeks to The Lumbar Spine: Upheld

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: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker reported having physical therapy for her low back injury that preceded her most recent re-injury of her low back, although there was no reported number of sessions completed or how they may have helped her. There was no report of the worker requiring supervised physical therapy again due to lack of ability to perform home exercises, which is what would be indicated in this case at this stage in her chronic low back pain. Even in the case of her requiring some instruction again for home exercises, at the most 1-3 sessions would suffice. Therefore, the lumbar physical therapy (8 sessions) is not medically necessary.