

Case Number:	CM14-0194941		
Date Assigned:	12/02/2014	Date of Injury:	02/18/2013
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 claimant is a 54-year-old female massage therapist who claims to have sustained a work injury after falling from her desk chair on 2/18/13. The attending physician report dated 9/25/14 indicates the patient continues to complain of severe chronic neck pain and stiffness with intermittent moderate pain in the right shoulder. She also complains of moderate to severe low back pain. Physical exam findings include tenderness at C2-7 levels and spasm in the trapezius region bilaterally. Tenderness and spasm noted at the thoracolumbar region and spasms. Positive SLR bilateral. Records also indicate 9 previous physical therapy visits along with cervical and lumbar MRI dated 9/14/13. The current diagnoses are: 1. Cervical sprain/strain with radicular complaints 2. Bilateral; shoulder rotator cuff tendinitis/bursitis 3. Lumbar sprain/strain with radicular complaints The utilization review report dated 11/19/14 denied the request for MRI of the cervical spine, EMG/NCV of the bilateral lower extremities and Physical Therapy 3 times per week for 4 weeks #12 based on lack of medical necessity.

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, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG online neck chapter, MRI

Decision rationale: The MTUS guidelines do not address repeat MRI scans. ODG guidelines state that, repeat MRI is not routinely recommended and should be reserved for significant change of symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. In this case, the patient has had a prior MRI of the cervical spine and the physician does not explain why another one is needed. There are no red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant an MRI. There is no new injury or significant change in clinical presentation requiring another MRI scan. There are no complaints consistent with focal neurological complaint. Therefore, MRI of the Cervical Spine is not medically necessary.

EMG/NCV of the Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Electrodiagnostic Studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) lower extremity EMG, page 303 Official Disability Guidelines (ODG) online, low back

Decision rationale: The claimant presents with persistent complaints of neck, shoulder and lower back pain. The current request is for EMG/NCV of the Bilateral Lower Extremities. ACOEM states that EMG may be useful to identify subtle neurological dysfunction in patients with low back symptoms lasting beyond 3-4 weeks. Based on the records provided it would indicate the claimant has ongoing low back pain and the attending physician is attempting to rule out radiculopathy. For this reason EMG would be indicated. However, the ODG guidelines state that NCV is not recommended for low back conditions. The IW complains of radicular leg pain and tingling in both feet. In the differential diagnosis is peripheral neuropathy. NCV is medically necessary to evaluate for entrapment or peripheral neuropathy as a cause of these symptoms. Since this is a single request for EMG/NCV combined, the EMG/NCV of the Bilateral Lower Extremities is medically necessary.

Physical Therapy 3 times per week for 4 weeks #12:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The claimant presents with persistent complaints of neck, shoulder and lower back pain. The current request is for Physical Therapy 3 times per week for 4 weeks #12. Records indicate that the claimant has received 9 physical therapy sessions to date. MTUS states: Physical therapy is recommended for myalgia and myositis 9-10 visits over a period of 8 weeks. The current request for 12 sessions exceeds what MTUS allows for this type of condition, and exceeds what is recommended by ODG for a trial of 6 sessions. The request also lacks rationale for treatments, such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Therefore, Physical Therapy 3 times per week for 4 weeks #12 is not medically necessary.