

Case Number:	CM14-0201143		
Date Assigned:	12/11/2014	Date of Injury:	07/10/1986
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal 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 (IW) is a 51-year-old man with a date of injury of July 10, 1986. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are musculoligamentous injury to the spine; spinal enthesopathy; cervical spondylosis; myalgia and myositis; muscle spam; lumbar spondylosis; lumbar radiculitis, right lower extremity; lumbar disc herniation; cervical disc herniation with myelopathy; and cervical neuritis, right upper extremity. Pursuant to the progress note dated October 3, 2014, the IW complains of new pain in the mid to low neck as well as mid back pain. He is experiencing right shoulder pain that radiates down his arm and into his fingers. This is giving him a numbness and tingling sensation in his fingers. He rates his pain 8-9/10. His pain improves with resting. Current medications include Aspirin as needed, Vitamins, Naproxen, and Gabapentin. Physical examination reveals Spurling's test is positive for pain radiating to the right arm. Range of motion (ROM) is essentially normal. Sensory examination of the right upper extremity reveals sensation diminished at the tip of the thumb and index finger. Otherwise, sensation is normal and equal to light touch in all dermatomes. Deep tendon reflexes are 2+ in the biceps, triceps, and brachioradialis. Lumbar spine examination reveals straight leg raise test is positive at 60 degrees for pain in the buttocks. ROM is normal. The IW received an epidural steroid injection (ESI) on July 31, 2014 and reports 5% overall improvement. It is unclear when the 2nd ESI was performed. The provider reports that if the IW has 50% or more sustained improvement, then a 3rd ESI will be indicated. If the IW experienced no improvement, the IW will be sent for a neurosurgical evaluation. In the 10/3/14 progress note, the provider documents that the IW has not experienced improvement from oral medications or physical therapy interventions and continues to have significant pain and functional restriction. The current request is for 12 sessions of Physical therapy to the cervical spine, and evaluation by neurosurgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation by Neurosurgeon Qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Independent Medical Examinations, Chapter 7, Page 127 and Official Disability Guidelines (ODG); Pain Section, Office Visit.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, evaluation by neurosurgeon one visit is not medically necessary. Evaluation and management outpatient visits play a critical role in proper diagnosis and return to function and should be encouraged. The need for a clinical office visit is individualized based upon a review of patient concerns, signs and symptoms, physical stability and reasonable physician judgment. In this case, the injured worker is 51 years old the date of injury July 10, 1986 (29 years prior). The injured worker's working diagnoses are muscle spasms; lumbosacral radiculitis right lower extremity; lumbar disc herniation. The treating physician requested an interlaminar cervical epidural steroid injection at C7/T1. Radiculopathy was documented on physical examination and corroborated by imaging and or electrodiagnostic studies. The cervical epidural steroid injection was approved. A neurosurgical evaluation is not clinically indicated at this time. The clinical response to the cervical epidural steroid injection will determine whether a neurosurgical evaluation is clinically indicated. Consequently, absent the appropriate clinical indication in addition to the pending clinical response to the epidural steroid injection, evaluation by neurosurgery one visit is not medically necessary.

Physical Therapy treatments to cervical spine Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th edition, 2007, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy.

Decision rationale: Pursuant the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the cervical spine 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with

physical therapy). In this case, the injured worker's working diagnoses are musculoligamentous injury to the spine; spinal enthesopathy; cervical spondylosis; myalgia and myositis; muscle spasms; lumbar spondylosis; lumbosacral radiculitis, right lower extremity; lumbar disc herniation; cervical disc herniation with myelopathy; and cervical neuritis right of upper extremity. The documentation does not contain evidence of objective functional treatment associated with prior physical therapy. The documentation from an October 3, 2014 progress note indicates the injured worker has not experienced sustained improvement from oral medications or physical therapy interventions and continues to have significant pain and functional restrictions. Consequently, absent the appropriate clinical documentation containing objective functional improvement with prior physical therapy and the treating physician statement regarding no sustained improvement with prior physical therapy interventions, additional physical therapy to the cervical spine 12 sessions is not medically necessary.