

Case Number:	CM14-0075542		
Date Assigned:	03/09/2015	Date of Injury:	02/23/2012
Decision Date:	04/15/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female with an industrial injury dated 02/23/2012. Diagnoses include cervicgia. Diagnostic testing has included x-rays, MRIs, and electrodiagnostic studies. Previous treatments have included conservative measures, medications, cervical epidural steroid injections, electrical stimulation, and physical therapy. A progress note dated 04/08/2014, reports ongoing cervical spine pain with migraine like headaches. The objective examination revealed tenderness to the cervical spine with restricted range of motion and positive Spurling's test. The treating physician is requesting MRI of the cervical spine and 12 sessions of physical therapy, which was denied by the utilization review. On 04/29/2014, Utilization Review non-certified a request for a MRI of the cervical spine and 12 sessions of physical therapy, noting MTUS guidelines were cited. On 05/23/2014, the injured worker submitted an application for IMR for review of MRI of the cervical spine and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, Neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines, neck and upper back chapter, MRI.

Decision rationale: This patient presents with constant pain in the cervical spine with radiation of pain into the upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. The current request is for MRI of the cervical spine. Medical file does not include a request for authorization form. ACOEM Guidelines, chapter 8, page 177 and 178 state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option." ODG Guidelines under the neck and upper back chapter has the following criteria for MRI: 1.) Chronic neck pain, radiographs normal, neurological signs or symptoms present, 2.) Neck pain with radiculopathy if severe or progressive neurological deficit, 3.) Chronic neck pain, radiograph shows spondylosis, neurological signs or symptoms present, 4.) Chronic neck pain, radiograph show old trauma, neurologic signs or symptoms present, 5.) Chronic neck pain, radiograph show bone or disk margin destruction, 6.) Suspected cervical trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT are normal, 7.) Known cervical spine trauma, equivocal or positive plain films with neurological deficit, 8.) Upper back/thoracic trauma with neurological deficit. The medical records indicate that a MRI of the cervical spine was performed on 05/02/2012. The results of this MRI were not provided for my review. In this case, the patient has a date of injury of 02/23/2012 and continues to complain of neck pain. There appears to be no significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with MTUS/ACOEM Guidelines for special studies and does not meet the ODG guidelines for repeat MRI. This request IS NOT medically necessary.

12 SESSIONS OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with continued neck and low back pain. The current request is for 12 sessions of physical therapy. The medical file does not include a request for authorization form. For physical medicine, the MTUS guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review does not include any physical therapy progress reports. The exact number of completed physical visits to date and the objective response to therapy were not documented in the medical report. Review of progress report dated 01/15/2013 states that the patient presents with continued complaints of neck pain and she has failed all conservative

measures, which include activity modification, physical therapy, and pain management. It appears the patient has participated in some physical therapy in the past which have not been beneficial. There is no report of new injury, new diagnosis, or new examination findings to substantiate the current request for additional physical therapy. Furthermore, the request for 12 sessions exceeds the number of visits that is recommended by MTUS. This request IS NOT medically necessary.