MAXIMUS Federal Services

Case Number:	CM15-0000755		
Date Assigned:	01/12/2015	Date of Injury:	06/26/2000
Decision Date:	03/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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 54 year old male, who sustained an industrial injury on 6/26/2000. He has reported back and neck pain. The diagnoses have included peripheral neuropathy. Treatment to date has included cervical fusion in 2001, 2004, 2008 and 2012 and oral pain medications and muscle relaxants. He has received x-rays, (MRI) magnetic resonance imaging and EMG studies.Currently, the IW complains of severe neck pain with severe numbness sensation of both hands and reddish discoloration in the hands, especially in the left hand. He currently complains of headaches, dizziness, imbalance, diminished hearing, difficulty with memory, incontinence, muscle weakness, muscle pain, bone pain, joint stiffness and numbness and tingling. On exam of 10/21/14 motor strength of upper extremities is normal and sensory loss is noted in the anterior thighs bilaterally. There is severe muscle spasm in the posterior cervical musculature, trapezial muscle bilaterally and extension and lateral rotation of the cervical spine caused increased neck pain Hearing is noted to be intact. On 12/9/14 Utilization Review non- certified a (CT) computerized tomography scan of the cervical spine, noting the study was not warranted, the IW had received (MRI) magnetic resonance imaging on 9/17/14 and there had been no change in his condition since then. On 12/9/14, Utilization review modified the certification for physical therapy from 12 visits to 8 visits noting for those suffering from Neuralgia, neuritis and radiculitis a course of 8-10 visits is recommended. The MTUS, ACOEM Guidelines, was cited. On 1/3/15, the injured worker submitted an application for IMR for review of (CT) computerized tomography scan and 4 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT scan of the cervical spine with & without contrast: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Neck and Upper Back --Acute & Chronic-- chapter, CT --computed tomography

Decision rationale: The patient presents with pain and weakness in his neck, right shoulder and upper extremities bilaterally. The patient is s/p cervical fusions in 2001, 2004, 2008 and 2012 and lumbar fusion in 2013. The request is for ONE CT SCAN OF THE CERVICAL SPINE WITH & WITHOUT CONTRAST.ODG Guidelines, Low Back - Neck and Upper Back , Acute & Chronic, chapter, CT --computed tomography-- state that for the evaluation of the patient with chronic neck pain, plain radiographs 3view: anteroposterior, lateral, open mouth, should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. In this case, the patient had MRI of the cervical spine on 09/16/14, which demonstrates compression of the spinal cord at C3-4 and C4-5. The patient had X-ray of the cervical spine 4-6 views on 09/16/14, which shows a fusion from C3-C7. The patient underwent EMG/NCS of both upper extremities on 10/22/14, which shows no evidence of cervical radiculopathy, brachial plexopathy or other peripheral nerve entrapment. The treater does not indicate why CT is needed at this time but the patient has had multiple surgeries with MRI now showing significant pathology. It would appear another surgery is being planned and a CT scan to better look at the bony structures is reasonable and consistent with the guidelines.
The request IS medically necessary.

Twelve (12) physical therapy sessions: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, right shoulder and upper extremities bilaterally. The patient is s/p cervical fusions in 2001, 2004, 2008 and 2012 and lumbar fusion in 2013. The request is for 12 SESSIONS OF PHYSICAL THERAPY. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post- operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified

and 9-10 sessions for myalgia and myositis, unspecified. Considering the patient has been suffering from chronic neck pain and failed neck surgeries, the patient appears to have had physical therapy in the past. None of the reports discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement to warrant additional therapy. The treater does not explain why the patient is unable to transition into a home program either. The current request has been partially authorized by utilization review letter on 12/09/14 to 8 sessions which is reasonable. The request for 12 sessions exceeds what is allowed by MTUS since the patient is not post-op. The request IS NOT medically necessary.