

Case Number:	CM15-0005301		
Date Assigned:	01/16/2015	Date of Injury:	01/12/2014
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 30 year old female injured worker suffered and industrial injury on 1/12/2014. The diagnoses were sprain, thoracic region, sprain of the neck, right side greater than left, cervical disc displacement and brachial neuritis. The diagnostic studies were cervical and thoracic magnetic resonance imaging. The treatments were acupuncture, chiropractic therapy, medications. The treating provider reported aggravated numbness and tingling in the right upper limb and decreased sensation. A progress note on 9/3/14 indicated that physical therapy will be ordered in the future for flare-ups. A progress note on 11/25/14 indicated the claimant had normal range of motion of the cervical spine with aggravation of numbness in the right hand with shoulder motion and parestheias in the C7 distribution. Prior osteophytes were noted on an MRI in April 2014 in the C6 level. Physical therapy was requested for myositis and an EMG/NCV for determining cervical radiculopathy and an epidural block to determine symptom for diagnostic purposes. The Utilization Review Determination on 12/11/2014 non-certified: 1. Physical therapy x8 visits, cervical spine, modified to #6 sessions, citing MTUS. 2. Right C5-C6 epidural block, citing MTUS. 3. EMG/NCT, citing MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 visits cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy In this case, the claimant had undergone a prior acupuncture and manual therapy. The cervical exam showed good range of motion and there was no indication that exercises cannot be performed at home. As a result, the request for 8 sessions of physical therapy for the cervical spine is not medically necessary.

Right C5-C6 epidural block: 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): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the injection was ordered primarily for diagnostic purposes rather than pain. In addition, the physician did not think the claimant had discogenic symptoms. The request for cervical epidural steroid injections is not medically necessary.

EMG/NCT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the guidelines, an EMG/NCV is not indicated for diagnosis of nerve root involvement is history, physical and radiological findings are consistent. It is recommended root clarify nerve root dysfunction. In this case, the physician stated that disc involvement is unlikely. In addition, the symptoms are more related to shoulder motion rather than cervical. The request for an EMG /NCV is not medically necessary.