MAXIMUS Federal Services

Case Number:	CM15-0006380		
Date Assigned:	01/26/2015	Date of Injury:	01/05/2011
Decision Date:	03/13/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/12/2015

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: Texas, 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:

This is a 59 year old male patient who sustained an industrial injury on 01/05/2011. The injured worker sustained physical injuries to his bilateral shoulders and face. Diagnoses have included cervical pain and radiculopathy, cervical disc disorder, and shoulder pain. Per the note dated 1/26/2015, he had persistent neck and shoulder complaints. Per the note dated 1/12/2015, he had complaints of neck and bilateral shoulder pain. Per the primary physician progress note dated 12/19/2014 he had complaints of neck pain which radiates down both arms. His pain level has increased since his last visit. His neck pain is a 9 on a scale of 1-10 with medications, and without medication is 10 out of 1-10. His sleep is poor and his activities of daily living have decreased. His neck pain also radiates to his upper and mid back, and he complains of arm weakness and headaches. The physical examination of the cervical spine revealed tenderness, limited range of motion and radicular symptoms with Spurling maneuver. The medications list includes norco, neurontin, prilosec and docusate sodium. He has had cervical MRI dated 10/7/2011; left shoulder MRI dated 10/7/2011; right shoulder MRI dated 10/7/2011; cervical spine MRI on 7/31/2013 which revealed moderate to severe central canal narrowing, multiple levels of disc osteophyte complexes from C3-7. He has had 12 physical therapy visits in the past for this injury. He has had trial of therapeutic cervical epidural steroid injections. The treating physician is requesting 6 sessions of physical therapy to the cervical spine, and MRI (magnetic resonance imaging) of the cervical spine with or without contrast.On 01/07/2015 the Utilization Review non-certified the request for 6 sessions of physical therapy to the cervical spine, citing Official Disability Guidelines, Utilization Review on 01/07/2015 non-certified the request for a

MRI (magnetic resonance imaging) of the cervical spine with or without contrast citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine with or without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter:Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

Decision rationale: Request: MRI (magnetic resonance imaging) of the cervical spine with or without contrast.ACOEM/CA MTUS do not address this request.Per ODG neck/upper back guidelines Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).Patient has had cervical MRI on on 7/31/2013 which revealed moderate to severe central canal narrowing, multiple levels of disc osteophyte complexes from C3-7. Significant change in signs or symptoms since previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Response to prior conservative therapy for this injury including physical therapy and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent cervical X-ray report is also not specified in the records provided. The medical necessity of MRI (magnetic resonance imaging) of the cervical spine with or without contrast is not fully established in this patient at this time.

6 sessions of physical therapy to 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 (ODG), Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): page 98.

Decision rationale: Request: MRI (magnetic resonance imaging) of the cervical spine with or without contrast 6 sessions of physical therapy to the cervical spine The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has already had 12 physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria.There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records

provided. Previous physical therapy notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 6 sessions of physical therapy to the cervical spine is not established for this patient at this time.