

<b>Case Number:</b>	CM15-0102079		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 45-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 17, 2012. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve requests for cervical MRI imaging and 12 sessions of physical therapy. The claims administrator referenced a progress note dated April 17, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated May 14, 2015, the attending provider appealed the previously denied cervical MRI and 12 sessions of physical therapy. Ongoing complaints of neck pain and wrist pain were reported. The applicant had apparently undergone multiple ganglionectomy procedures. The attending provider stated that the applicant had chronic neck pain radiating to the left upper extremity. The attending provider stated that he was appealing the previously denied physical therapy but did not elaborate as to how much prior physical therapy the applicant had or had not had. In a progress note dated May 15, 2015, the applicant reported ongoing complaints of neck pain radiating to the left upper extremity. The visit took place with a pain management physician. The applicant was using Prozac to attenuate depressive symptoms, it was reported. Hyposensorium and 4/5 left upper extremity strength was noted versus 5/5 right upper extremity strength. Symmetric reflexes were appreciated. The applicant's medication list included Protonix, Norflex, Relafen, and Neurontin. The applicant had undergone unsuccessful functional restoration program. Permanent work restrictions were renewed. Her former employer had terminated the applicant. The attending provider stated that the applicant did not wish to pursue surgery but reiterated his request for cervical MRI imaging.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine MRI:** Upheld

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

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

**Decision rationale:** No, the request for cervical spine MRI imaging was not medically necessary. Medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure involving the cervical spine based on the outcome of the study in question. Rather, it was explicitly stated in May 2015 that the applicant was not intent on pursuing any kind of surgical remedy involving the cervical spine. It was not clearly stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. The requesting provider was a pain management physician, not a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

**Physical Therapy, twelve sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, it was suggested above, having been terminated by her former employer. Permanent work restrictions were renewed, unchanged, from visit to visit. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Relafen, Neurontin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier

unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.