

Case Number:	CM15-0106042		
Date Assigned:	06/10/2015	Date of Injury:	09/30/2010
Decision Date:	09/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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 46 year old female, who sustained an industrial injury on September 30, 2010. She reported neck pain, thoracic back pain, upper extremity pain and lower extremity pain. The injured worker was diagnosed as having thoracolumbar pain, gluteal pain, facet arthropathy of the lumbar spine, disc compromise and desiccation of the lumbar spine and status post rhizotomy. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, thoracic back pain, upper extremity pain and lower extremity pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 24, 2015, revealed continued pain as noted. Magnetic resonance imaging of the lumbar spine revealed disc compromise and protrusion, annular tear, disc desiccation and evidence of status post rhizotomy. Transforaminal epidural steroid injections were ordered. Radiographic imaging of the cervical and thoracic spine, electrodiagnostic studies of the bilateral upper extremities and a neurology consultation were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation: Upheld

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

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

Decision rationale: The patient was injured on 09/30/10 and presents with cervical spine and thoracic spine pain. The request is for a physical therapy evaluation. The RFA is dated 05/08/15 and the patient's current work status is not provided. The utilization review letter states that the patient has had prior physical therapy sessions. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with thoracolumbar pain, gluteal pain, facet arthropathy of the lumbar spine, disc compromise and desiccation of the lumbar spine, and status post rhizotomy. She has had prior physical therapy; however, there is no indication of how many sessions she had in total or when these sessions took place. Furthermore, there is no numerical assessment to indicate how prior physical therapy sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain, nor is there any indication of any recent surgery the patient may have had. In this case, physical therapy cannot be warranted without knowing the requested duration and frequency of the physical therapy. MTUS Guidelines for physical therapy are based on the number of physical therapy sessions. Without specifying the total number of sessions, or duration and frequency of therapy, the request cannot be verified to be in accordance with MTUS Guidelines. Therefore, the requested physical therapy evaluation IS NOT medically necessary.

MRI cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated treatment/Disability Duration Guidelines, Neck & Upper Back, Indications for imaging MRI (magnetic resonance imaging).

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 (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 09/30/10 and presents with cervical spine and thoracic spine pain. The request is for a MRI of the cervical spine due to possible myelopathy with identified clinical signs of hyper-reflexia. The utilization review rationale is that there have been no objective neurological findings suggestive of significant thoracic pathology that would support an MRI. The RFA is dated 05/08/15 and the patient's current work status is not provided.

Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient has a decreased cervical spine range of motion, tenderness to palpation of the paracervical/periscapular musculature, a positive Spurling's sign, and weakness upon her upper extremity grip strength. She is diagnosed with thoracolumbar pain, gluteal pain, facet arthropathy of the lumbar spine, disc compromise and desiccation of the lumbar spine, and status post rhizotomy. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Given that the patient continues to have cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary.

MRI Thoracic 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), Integrated treatment/Disability Duration Guidelines, Neck & Upper Back, Indications for imaging MRI (magnetic resonance imaging).

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

Decision rationale: The patient was injured on 09/30/10 and presents with cervical spine and thoracic spine pain. The request is for a MRI thoracic spine due to possible myelopathy with identified clinical signs of hyper-reflexia. The RFA is dated 05/08/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had a prior MRI of the thoracic spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering imaging: "Emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction; failing to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month conservative therapy, sooner if there is severe or progressive neurological deficit." The patient is diagnosed with thoracolumbar pain, gluteal pain, facet arthropathy of the lumbar spine, disc compromise and desiccation of the lumbar spine, and status post rhizotomy. She has tenderness to palpation of the

perithoracic region following her T10-T12 dermatomal distribution. However, the treater has not documented thoracic spine trauma nor discussed neurologic deficits as indicated by ODG. Subjective pain does not warrant MRI, though it does not appear the patient has had MRI of the thoracic spine done previously. In this case, the patient does not present with any radicular symptoms, no red flags, or neurologic deficits to warrant an MRI. Therefore, the requested MRI of the thoracic spine IS NOT medically necessary.

Consult with Neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM): American College of Occupational and Environmental Medicine, page 127 and 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The patient was injured on 09/30/10 and presents with cervical spine and thoracic spine pain. The request is for a consult with neurologist. The utilization review denial letter did not provide a rationale. The RFA is dated 05/08/15 and the patient's current work status is not provided. ACOEM Practice Guidelines, Second Edition, 2004, Chapter 7 page 127, has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has a decreased cervical spine range of motion, tenderness to palpation of the paracervical/periscapular musculature, a positive Spurling's sign, weakness upon her upper extremity grip strength, positive impingement upon the right shoulder, a positive Neer's test, a positive Hawkin's test, pain upon external rotation/adduction, and tenderness to palpation of the perithoracic region following her T10-T12 dermatomal distribution. She is diagnosed with thoracolumbar pain, gluteal pain, facet arthropathy of the lumbar spine, disc compromise and desiccation of the lumbar spine, and status post rhizotomy. The reason for the request is not provided. Given the patient's chronic cervical spine and thoracic spine pain, a second opinion appears medically reasonable. Therefore, the requested consult with neurologist IS medically necessary.

EMG/NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient was injured on 09/30/10 and presents with cervical spine and thoracic spine pain. The request is for an EMG/NCV of the bilateral upper extremities. The utilization review rationale is that "the objective neurological findings of generalized upper extremity weakness are not subtle, nor suggestive of specific nerve root compromise or peripheral nerve entrapment for which an electrodiagnostic study is intended to clarify." The

RFA is dated 05/08/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior EMG/NCV of the bilateral upper extremities. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient has a decreased cervical spine range of motion, tenderness to palpation of the paracervical/periscapular musculature, a positive Spurling's sign, weakness upon her upper extremity grip strength, positive impingement upon the right shoulder, a positive Neer's test, a positive Hawkin's test, pain upon external rotation/adduction, and tenderness to palpation of the perithoracic region following her T10-T12 dermatomal distribution. She is diagnosed with thoracolumbar pain, gluteal pain, facet arthropathy of the lumbar spine, disc compromise and desiccation of the lumbar spine, and status post rhizotomy. The reason for the request is not provided. Given the patient's upper extremity complaints, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV for the bilateral upper extremity IS medically necessary.