

Case Number:	CM15-0106576		
Date Assigned:	06/10/2015	Date of Injury:	05/01/2013
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
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 53 year old female, who sustained an industrial injury on May 1, 2013. She reported injuring her head, neck, and both shoulders when a pallet containing a box of glass jelly jars fell off the top of a pallet and landed on her head, neck, and shoulders. The injured worker was diagnosed as having cervical spine sprain/strain with radicular complaints with MRI evidence of a 6mm central disc herniation at C4-C5, a 4mm posterior disc bulge at C5-C6, and a 3-4mm disc bulge at C6-C7, history of cervical spine fusion, bilateral shoulders/trapezius myofascial strain, and bilateral wrist/hand sprain, rule out carpal tunnel syndrome in left wrist. Treatment to date has included psychotherapy, MRIs, physical therapy, x-rays, cervical fusion, CT scan, acupuncture, and medication. Currently, the injured worker complains of persistent neck pain. The Primary Treating Physician's report dated April 30, 2015, noted the injured worker's cervical spine with increased tone with associated tenderness about the paracervical and trapezial muscles with some guarding on examination. Examination of the right and left shoulders was noted to show mild tenderness and mild spasm about the trapezius muscle with positive impingement test on the left and supraspinatus weakness test positive bilaterally. The treatment plan was noted to include request for authorization for a CT scan of the cervical spine and physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for cervical spine 2 times a week for 4 weeks with Manual therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-11, 26.

Decision rationale: Based on the 03/05/15 progress report provided by treating physician, the patient presents with pain to head, neck, bilateral shoulders, and bilateral hand and wrists, with numbness, tingling and weakness. Patient's neck pain is rated 8/10. The patient is status post anterior cervical discectomy and fusion at C4 through C6, artificial disc replacement at C6-C7, March 2014. The request is for PHYSICAL THERAPY FOR CERVICAL SPINE 2 TIMES A WEEK FOR 4 WEEKS WITH MANUAL THERAPY. RFA with the request not provided. Patient's diagnosis on 05/05/15 included cervical spine sprain/strain with radicular complaints, bilateral shoulders/trapezius myofascial strain, and bilateral wrist/hand sprain, rule out carpal tunnel syndrome in left wrist. Physical examination to the cervical spine on 05/05/15 revealed tenderness to paraspinal and trapezius muscles. Range of motion was decreased, especially on left lateral flexion 5 degrees. Treatment to date has included surgery, physical therapy, acupuncture, imaging and electrodiagnostic studies, psychotherapy, MRIs, and medications. The patient is not working, per 05/05/15 report. MTUS, Postsurgical Guidelines, pp 10-11 state, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." "Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth." MTUS page 26, Post-surgical Treatment Guidelines, Neck and Upper Back, recommends the following: *Displacement of cervical intervertebral disc (ICD9 722.0): *Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks *Postsurgical physical medicine treatment period: 6 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Per 02/04/15 report, treater states, "the patient presents after last being evaluated by myself on 10/01/14. The patient has completed six sessions of physical therapy since her surgery which was performed on or about 03/18/14. Nearly ten months have passed and she has only had six physical therapy sessions." MTUS allow up to 16 postoperative visits. The patient is no longer within post-operative treatment period to UR date of 05/22/15. In this case, the patient continues with postoperative neck pain. Treater has documented that patient has completed 6 postoperative sessions of physical therapy. Given patient's continued pain, diagnosis, and a while since last sessions of PT, the request for 8 sessions appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Physical therapy for cervical spine 2 times a week for 4 weeks with Diathermy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-11, 26.

Decision rationale: Based on the 03/05/15 progress report provided by treating physician, the patient presents with pain to head, neck, bilateral shoulders, and bilateral hand and wrists, with numbness, tingling and weakness. Patient's neck pain is rated 8/10. The patient is status post anterior cervical discectomy and fusion at C4 through C6, artificial disc replacement at C6-C7, March 2014. The request is for PHYSICAL THERAPY FOR CERVICAL SPINE 2 TIMES A WEEK FOR 4 WEEKS WITH DIATHERMY. RFA with the request not provided. Patient's diagnosis on 05/05/15 included cervical spine sprain/strain with radicular complaints, bilateral shoulders/trapezius myofascial strain, and bilateral wrist/hand sprain, rule out carpal tunnel syndrome in left wrist. Physical examination to the cervical spine on 05/05/15 revealed tenderness to paraspinal and trapezil muscles. Range of motion was decreased, especially on left lateral flexion 5 degrees. Treatment to date has included surgery, physical therapy, acupuncture, imaging and electrodiagnostic studies, psychotherapy, MRIs, and medications. The patient is not working, per 05/05/15 report. MTUS, Postsurgical Guidelines, pp 10-11 state, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." "Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth." MTUS Page 26, Post-surgical Treatment Guidelines, Neck and Upper Back, recommends the following: *Displacement of cervical intervertebral disc (ICD9 722.0): *Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks *Postsurgical physical medicine treatment period: 6 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Per 02/04/15 report, treater states "the patient presents after last being evaluated by myself on 10/01/14. The patient has completed six sessions of physical therapy since her surgery which was performed on or about 03/18/14. Nearly ten months have passed and she has only had six physical therapy sessions." The patient is no longer within postoperative treatment period to UR date of 05/22/15. In this case, the patient continues with postoperative neck pain. Treater has documented that the patient has completed 6 postoperative sessions of physical therapy. Given patient's continued pain, diagnosis, and a while since last sessions of PT, the request for 8 sessions would appear reasonable. However, treater has already been authorized for PT in prior request submitted concurrently with this request. Additional 8 sessions would exceed what MTUS allows for the patient's condition. Therefore, the request IS NOT medically necessary.

CT Scan of Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Based on the 03/05/15 progress report provided by treating physician, the patient presents with pain to head, neck, bilateral shoulders, and bilateral hand and wrists, with numbness, tingling and weakness. Patient's neck pain is rated 8/10. The patient is status post anterior cervical discectomy and fusion at C4 through C6, artificial disc replacement at C6-C7, March 2014. The request is for CT SCAN OF CERVICAL SPINE. RFA with the request not provided. Patient's diagnosis on 05/05/15 included cervical spine sprain/strain with radicular complaints, bilateral shoulders/trapezius myofascial strain, and bilateral wrist/hand sprain, rule out carpal tunnel syndrome in left wrist. Physical examination to the cervical spine on 05/05/15 revealed tenderness to paraspinal and trapezius muscles. Range of motion was decreased, especially on left lateral flexion 5 degrees. Treatment to date has included surgery, physical therapy, acupuncture, imaging and electrodiagnostic studies, psychotherapy, MRIs, and medications. The patient is not working, per 05/05/15 report. ODG Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography) states that "for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: 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." Regarding CT scans checking for fusion status, while ODG guidelines does not directly discuss it under C-spine section, it is addressed under L-spine chapter, CT scan section stating, "Evaluate successful fusion if plain x-rays do not confirm fusion." The patient is status post ACDF March 2014. Per 04/30/15 report, treater states "I would like to request authorization for CT scan of the cervical spine to evaluate the spinal fusion." UR letter dated 05/22/15 states that the CT for cervical spine has already been certified, per 10/23/14 UR decision. Medical records do not indicate that CT of the cervical spine has been performed. In this case, CT scan has already been previously authorized. Treater has not provided medical rationale for a repeat study, which would not be indicated by guidelines. Therefore, the request IS NOT medically necessary.