

Case Number:	CM15-0107429		
Date Assigned:	06/11/2015	Date of Injury:	02/15/2014
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker (IW) is a 49-year-old female who sustained an industrial injury on 02/15/2014 due to a fall. Diagnoses include cervical myospasm superimposed on cervical degenerative disc disease and thoracic myofascial pain. Treatment to date has included medications, acupuncture, chiropractic and physical therapy. According to the orthopedic progress notes dated 4/28/15 the IW reported relatively severe neck pain with some stiffness and some pain radiating into the right upper extremity and the back. She also complained of headaches and hormonal disturbances. On examination, there was diffuse tenderness in the posterior neck muscles and pain with extremes of range of motion. There was also diffuse tenderness in the thoracic area. An MRI of the cervical spine on 5/19/14 demonstrated multilevel degenerative disc disease, especially at C5-6, bilateral neural foraminal narrowing at C5-6, mild right neural foraminal narrowing at C6-7, bilateral facet arthropathy C7 to T1 and chronic superior end plate compression deformity at C7. A request was made for chiropractic two times a week for 8 weeks (16 visits) for mobilization of the cervical and the thoracic spine and MRI of the cervical spine and MRI of the head due to increasing neck and cranial symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for 8 weeks Qty: 16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic two times per week times eight weeks #16 visits are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks.

Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical myospasm superimposed on cervical degenerative disc disease; and thoracic myofascial pain. The date of injury is February 14, 2014. According to a progress note dated February 13th 2015, the injured worker received 8 chiropractic visits. The visits ranged from January 7, 2015 to February 13, 2015. Although there was subjective improvement, there was no objective functional improvement associated with the eight sessions of chiropractic treatment. The guidelines recommend a trial of six visits over two weeks. With evidence of objective functional improvement additional chiropractic may be clinically indicated. There was no evidence of objective functional improvement with a description of improvement in ADLs. Consequently, absent clinical documentation with objective functional improvement associated with the first eight chiropractic sessions, chiropractic two times per week times eight weeks #16 visits are not medically necessary.

MRI of cervical spine Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not

limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are cervical myospasm superimposed on cervical degenerative disc disease; and thoracic myofascial pain. The date of injury is February 14, 2014. Documentation from an April 28, 2015 progress note shows each worker had a prior magnetic resonance imaging scan cervical spine on May 19, 2014. The MRI showed multilevel degenerative disc disease, bilateral neural foraminal narrowing C5 - C6, mild right neural foraminal narrowing C6 - C7, bilateral facet arthropathy C7-T1 with chronic superior end plate impression deformity at C7. Subjectively, the injured worker complained of neck pain with a stiff right upper extremity. The injured worker complains of headache. Objectively, there was tenderness to palpation over the cervical paraspinal muscle groups and thoracic paraspinal muscles. Range of motion was full. There was no neurologic evaluation in the medical record. There were no unequivocal neurologic findings identifying specific nerve compromise. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Consequently, absent clinical documentation with unequivocal neurologic findings identifying specific nerve compromise, a compelling clinical reason to repeat MRI of the cervical spine and red flags, MRI of the cervical spine is not medically necessary.

MRI of Head Qty: 1.00: 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), Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the head is not medically necessary. MRI scans are superior to Scans for detection of intracranial pathology except for bone injuries such as fractures. Indications for MRI include, but are not limited to, determine neurologic deficits not explained by computed tomography; evaluate prolonged interval of disturbed consciousness; and to define evidence of acute changes superimposed on previous trauma or disease. A brain is not indicated in patients who sustain a concussion/mild traumatic brain injury beyond the emergency phase except in conditions when red flags are noted. In this case, the injured worker's working diagnoses are cervical myospasm superimposed on cervical degenerative disc disease; and thoracic myofascial pain. The date of injury is February 14, 2014. Documentation from an April 28, 2015 progress note shows each worker had a prior magnetic resonance imaging scan cervical spine on May 19, 2014. Subjectively, the injured worker complained of neck pain with a stiff right upper extremity. The injured worker

complains of headache. Objectively, there was tenderness to palpation over the cervical paraspinal muscle groups and thoracic paraspinal muscles. Range of motion was full. There was no neurologic evaluation in the medical record. A brain MRI is not indicated in patients who sustain a concussion/mild traumatic brain injury beyond the emergency phase except in conditions when red flags are noted. The injured worker sustained a head injury. There were no neurologic findings associated with the original head trauma. There was no initial workup including a CAT scan of the brain. There is no clinical indication for an MRI of the brain based on the medical record documentation. Consequently, absent clinical documentation with a clinical indication and rationale for an MRI of the brain/head, MRI of the head is not medically necessary.