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| Case Number: | CM15-0013209 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 03/15/2013 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 31-year-old female reported a work-related injury on 03/15/2013. According to the progress notes from the treating provider dated 1/7/15, the injured worker (IW) reported neck and shoulder pain with range of motion. The diagnoses include cervical disc disease, possible thoracic disease and scapular dyskinesia and medial scapular winging. Previous treatments include medications and physical therapy. The treating provider requests eight sessions of physical therapy for the cervical and thoracic spine and MRI of the thoracic spine. The Utilization Review on 01/05/2015 non-certified the request for eight sessions of physical therapy for the cervical and thoracic spine and MRI of the thoracic spine. References cited were CA MTUS and Official Disability Guidelines-Treatment for Worker's Compensation (ODG-TWC).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical therapy to cervical and thoracic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the thoracic spine. The records document a physical exam with pain with palpation but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and back pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the thoracic spine is not medically necessary.