

Case Number:	CM15-0130233		
Date Assigned:	07/16/2015	Date of Injury:	05/18/2015
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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 51-year-old male, who sustained an industrial injury on 5/18/2015. Diagnoses have included cervical sprain-strain, lumbar sprain-strain, shoulder sprain and elbow sprain-strain. Treatment to date was not documented. According to the Doctor's First Report of Occupational Injury or Illness dated 6/3/2015, the injured worker complained of cervical spine pain with radiation to the bilateral shoulders. He complained of left shoulder pain, right elbow pain and lumbar spine pain. Objective findings revealed tenderness to the left shoulder with decreased range of motion. Exam of the lumbar spine revealed tender paraspinals. There was tenderness to the right elbow and the parascapular area. Authorization was requested for physical therapy for the cervical and lumbar spine, left shoulder and right elbow and for magnetic resonance imaging (MRI) of the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for cervical and lumbar spine, shoulder and right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with cervical spine pain with radiation to the bilateral shoulders. He complained of left shoulder pain, right elbow pain and lumbar spine pain. The request is for Physical Therapy 2 x 4 for cervical and lumbar spine, shoulder and right elbow. The request for authorization is dated 06/16/15. Physical examination revealed tenderness to the left shoulder with decreased range of motion. Exam of the lumbar spine revealed tender paraspinals. There was tenderness to the right elbow and the parascapular area. Per progress report dated 06/03/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. Review of provided medical records show no evidence or prior physical therapy sessions. The request for 8 sessions of physical therapy appears to be reasonable and within guideline indications. Therefore, the request is medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, MRI.

Decision rationale: The patient presents with cervical spine pain with radiation to the bilateral shoulders. He complained of left shoulder pain, right elbow pain and lumbar spine pain. The request is for MRI of cervical spine. The request for authorization is dated 06/16/15. Physical examination revealed tenderness to the left shoulder with decreased range of motion. Exam of the lumbar spine revealed tender paraspinals. There was tenderness to the right elbow and the parascapular area. Per progress report dated 06/03/15, the patient is temporarily totally disabled. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction; (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal;" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. Treater does not discuss the request. In this case, the patient has cervical pain with radiation to the bilateral shoulders. However, there are no signs of neurologic deficit. ODG requires neurologic signs and

symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs.

Decision rationale: The patient presents with cervical spine pain with radiation to the bilateral shoulders. He complained of left shoulder pain, right elbow pain and lumbar spine pain. The request is for MRI of lumbar spine. The request for authorization is dated 06/16/15. Physical examination revealed tenderness to the left shoulder with decreased range of motion. Exam of the lumbar spine revealed tender paraspinals. There was tenderness to the right elbow and the parascapular area. Per progress report dated 06/03/15, the patient is temporarily totally disabled. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)." Treater does not discuss the request. In this case, the patient has lumbar spine pain. However, treater does not discuss or document any signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.