

Case Number:	CM15-0134766		
Date Assigned:	07/17/2015	Date of Injury:	12/04/2013
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: Emergency 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 is a 55 year old female, who sustained an industrial injury on 12/4/13. Initial complaints were of repetitive type injury for neck and right shoulder. The injured worker was diagnosed as having cervical spine musculoligamentous sprain with right upper extremity radiculopathy; right shoulder bicep tendonitis; right wrist tendonitis with possible carpal tunnel syndrome. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right shoulder (3/10/15). Currently, the PR-2 notes dated 5/22/15 indicated the injured worker complains of worsening pain recently in the right shoulder and cervical spine. She has pain with flexion, extension, rotation and prolonged positions from the head and neck. She notes more numbness recently in the right hand as well. She has radiating pain extending in the right upper extremity and describes numbness and tingling in the index and middle finger of the right hand. The pain is rated at 10/10 with pain and notes she has limitations in her activities of daily living at 10% of her normal. Medications are notes to improve her symptoms by 35%. The provider documents a physical examination noting cervical spine tenderness and spasm over the paravertebral and trapezial musculature on the right with flexion 40 degrees and extension 30 degrees. The right shoulder reveals tenderness to palpation over the biceps tendon with flexion 140 degrees and abduction 90 degrees. The right wrist has flexion and extension at 60 degrees with no tenderness to palpation and a negative Tinel's, Phalen's and Finkelstein test. Neurological examination notes normal for upper extremities motor and reflex but decreased sensation is noted to the right thumb, index and middle fingers. The provider is requesting authorization of psychiatric consultation; physical therapy for the cervical spine 16 sessions and MRI of the

cervical spine. An MRI of cervical spine dated 3/10/15 was provided for review. MRI showed disc dessication with small bulge at C3-4, C4-5 and C5-6. C5-6 shows small spur with mild stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: 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), Treatment Index, 13th Edition (web), 2015, Mental Illness & Stress, Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 1 and 92.

Decision rationale: As per MTUS ACOEM guidelines, referrals to consultants may be considered if patient's condition does not improve with conservative therapy or if underlying medical issue is outside the scope of practice of the provider. Provider has failed to document rationale for consultation with a psychiatrist. Provider has noted that patient has anxiety and depression but no other details as to what has been attempted, scope of issue or other details was documented. While a referral to a psychologist for chronic pain and 1st line depression and anxiety is recommended, a referral to a psychiatrist is not supported by documentation. Psychiatric consultation is not medically necessary.

Physical therapy for the cervical spine 2 times a week for 8 weeks: 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), Treatment Index, 13th Edition (web), 2015, Neck & Upper Back, Physical therapy (PT).

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

Decision rationale: As per MTUS Chronic pain guideline, physical medicine such as physical therapy is indicated in many conditions and may aid in the improvement in pain and function of patients. However, the provider has failed to document any prior PT that patient may have undergone or any objective improvement in pain or function from prior PT. Guidelines recommend a maximum of 10 PT sessions for the patient's condition. Patient has chronic pain and undoubtedly has had prior PT sessions. Without documentation of prior treatments, additional physical therapy cannot be assessed. The number of requested sessions of 16 PT sessions also exceed recommendations. Physical therapy is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical 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), Treatment Index, 13th Edition (web), 2015, Neck & Upper Back, Magnetic Resonance Imaging (MRI).

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

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. There is no documentation of any attempt at a therapy program or medication treatment. Patient had an MRI just done on 3/2015. It is unclear why another is needed. MRI of cervical spine is not medically necessary.