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| Case Number: | CM15-0138861 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 05/05/2015 |
| Decision Date: | 09/24/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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 female who sustained an industrial injury on 5/5/2015 resulting in radiating neck pain. She was diagnosed with neck sprain or strain, cervical myofascitis, and rule out cervical disc protrusion. Treatment has included physical therapy with minimal reported improvement, home exercise, and medication, which has not been helpful. The injured worker continues to present with radiating neck pain. The treating physician's plan of care includes cervical spine x-ray, functional capacity evaluation, pain management consultation, 18 chiropractic sessions for cervical spine, and 18 sessions of physiotherapy for cervical spine. As of 5/14/15, she was on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography.

Decision rationale: The patient presents with pain in the cervical spine. The request is for X-Ray Of The Cervical Spine. Physical examination to the cervical spine on 05/05/15 revealed tenderness to palpation radiating into the trapezius muscles. Per Request for Authorization from dated 05/08/15, patient's diagnosis includes cervical strain. Patient's medications, per 05/11/15 progress report include Cyclobenzaprine, Tramadol, and Toradol. Patient is temporarily disabled. ODG Neck and Upper Back Chapter, under Radiography have the following: "Not recommended except for indications below. 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, and have 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 computed tomography. There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Treater has not discussed this request. The patient continues to suffer from neck pain and is diagnosed with cervical strain. Physical examination to the cervical spine on 05/05/15 revealed tenderness to palpation with pain radiating to trapezius muscles. Review of the medical records provided do not indicate prior X-rays of the cervical spine. This request appears to be reasonable and is supported by the guidelines. Therefore, it is medically necessary.

FCE (functional capacity evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 137-139.

Decision rationale: The patient presents with pain in the cervical spine. The request is for FCE (FUNCTIONAL CAPACITY EVALUATION). Physical examination to the cervical spine on 05/05/15 revealed tenderness to palpation radiating into the trapezius muscles. Per Request For Authorization form dated 05/08/15, patient's diagnosis includes cervical strain. Patient's medications, per 05/11/15 progress report include Cyclobenzaprine, Tramadol, and Toradol. Patient is temporarily disabled. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The treater does not specifically mention this request. In progress report dated 05/12/15, it is stated that the patient has pain with work activities and ADL's. However, the progress reports do not mention a request from the employer or claims administrator. There is no evidence that FCE information is crucial either. There is lack of evidence that these FCE's adequately predict a patient's actual ability to perform at work. The request IS NOT medically necessary.

Pain management consultation for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM, text, page 127 and on the Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, pages 137-139.

Decision rationale: The patient presents with pain in the cervical spine. The request is for FCE (FUNCTIONAL CAPACITY EVALUATION). Physical examination to the cervical spine on 05/05/15 revealed tenderness to palpation radiating into the trapezius muscles. Per Request For Authorization form dated 05/08/15, patient's diagnosis includes cervical strain. Patient's medications, per 05/11/15 progress report include Cyclobenzaprine, Tramadol, and Toradol. Patient is temporarily disabled. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The treater does not specifically mention this request. In progress report dated 05/12/15, it is stated that the patient has pain with work activities and ADL's. However, the progress reports do not mention a request from the employer or claims administrator. There is no evidence that FCE information is crucial either. There is lack of evidence that these FCE's adequately predict a patient's actual ability to perform at work. The request IS NOT medically necessary.

Chiropractic therapy three times a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114, 173. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain in the cervical spine. The request is for CHIROPRACTIC TREATMENT THREE TIMES A WEEK FOR SIX WEEKS FOR THE CERVICAL SPINE. Physical examination to the cervical spine on 05/05/15 revealed tenderness to palpation radiating into the trapezius muscles. Per Request for Authorization form dated 05/08/15, patient's diagnosis includes cervical strain. Patient's medications, per 05/11/15 progress report include Cyclobenzaprine, Tramadol, and Toradol. Patient is temporarily disabled. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences / flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not discussed this request. Review of the medical records do not indicate prior chiropractic treatment. The patient suffers from neck pain radiating to the trapezius muscles. Given the patient's condition, a short course of chiropractic treatment would be appropriate. However, MTUS allows a trial of 6 visits over 2 weeks and the requested 18 sessions exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Physiotherapy three times a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

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

Decision rationale: The patient presents with pain in the cervical spine. The request is for PHYSIOTHERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE CERVICAL SPINE. Physical examination to the cervical spine on 05/05/15 revealed tenderness to palpation radiating into the trapezius muscles. Per Request for Authorization form dated 05/08/15, patient's diagnosis includes cervical strain. Patient's medications, per 05/11/15 progress report include Cyclobenzaprine, Tramadol, and Toradol. Patient is temporarily disabled. MTUS pages 98, 99 have 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." The treater does not specifically discuss this request. Review of the medical records provided do not indicate prior physical therapy. The patient suffers with neck pain radiating down to the trapezius muscles and a short course of therapy would be beneficial for patient's condition. However, MTUS guidelines allow up to 10 sessions of physical therapy and the requested 18 sessions exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.