

<b>Case Number:</b>	CM15-0149852		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	06/19/2015
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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  
 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 52 year old female, who sustained an industrial injury on June 19, 2015. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included x-rays, epidural injection and medication. Progress note is hand written and very brief. Currently, the injured worker complains of neck and bilateral shoulder pain. The pain is rated at 8 on 10. Exam reveals decreased range of motion and spasms. The injured worker is currently diagnosed with cervical disc radiculopathy. Her work status is temporary total disability. The therapeutic response to the epidural injection and medication were not included in the documentation. The following, a cervical spine MRI (to assist with diagnosis) and physical therapy for the cervical spine three times a week for four weeks (to alleviate pain in improved range of motion) is requested. MRI of cervical spine dated 2/20/14 revealed multilevel degenerative changes and C5-6 significant disk herniation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

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

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

**Decision rationale:** As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of prior conservative care. There is no documentation of worsening symptoms or any significant deficits. It is unclear what symptoms were present prior to claimed date of injury since patient has a prior MRI with known findings. No recent neurological exam was not documented. MRI of cervical spine is not medically necessary.

**Physical Therapy for the cervical spine, three times a week for four 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, Physical Therapy, Guidelines.

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines recommend a trial of 6 sessions with a maximum of 10 sessions recommended for patient's diagnosis. Any additional sessions require documentation of objective improvement in pain and function. The provider has failed to document any prior PT sessions attempted and the requested number of sessions exceed the recommended number. Physical Therapy, 12 sessions are not medically necessary.