

Case Number:	CM15-0160990		
Date Assigned:	08/27/2015	Date of Injury:	07/08/2013
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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 52 year old female who sustained an industrial injury on 7-8-13. Her initial complaints were of the onset of pain in her neck, left shoulder, and lower back. She also noticed spasms in her upper and lower back. The injury was sustained when a chair "flipped over", causing her to fall forward onto her right side with the chair hitting her neck and back. She reported the incident and was referred for medical treatment. She was examined, relieved from work duties, and advised to follow-up in two days. On 7-10-13, x-rays of her neck and back were obtained. She was noted to have swelling in her neck and "a sprain in her back". She was treated with ice packs and warm compresses. She returned to work on 7-15-13 and continued to have stiffness, pain, and swelling in her neck and back. She returned to the medical provider who advised to "continue taking medications prescribed for a previous injury". On 7-31-13, she presented for an initial pain management consultation. Oral pain medications, topical creams, hot and cold unit, and an MRI were prescribed. She was referred to physical therapy, acupuncture, and chiropractic services. The MRI was completed in August 2013. She received "several cervical and lumbar epidural steroid injections" per the 5-29-15 report. An updated MRI was completed approximately 4 weeks prior to the date of the report. She was referred for an epidural injection and to orthopedics for evaluation. On the 5-29-15 examination, she continued to complain of "continuous pain in the neck with pain radiating to her bilateral upper extremities". She reported numbness and tingling in bilateral upper extremities, as well as "occasional" headaches associated with her neck pain. She also complained of continuous lower back pain, with radiating pain to her bilateral lower extremities. Her diagnoses included cervical spine herniated nucleus pulposus at C3-C4 and C6-C7, C6-C7 spondylosis with marked disc space narrowing and bilateral neuroforaminal narrowing, bilateral upper extremity radiculopathy, left

greater than right, left C7 radiculopathy per EMB-NCV study on 1-9-15, L5-S1 herniated nucleus pulposus with bilateral neuroforaminal narrowing, and bilateral lower extremity radiculopathy. The treatment recommendation was for anterior cervical decompression and fusion surgery at C6-C7. There is no documentation available for the requested services of an MRI of the cervical spine and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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) Low back chapter, under MRI.

Decision rationale: The current request is for MRI cervical spine. Treatment history included physical therapy, acupuncture, heat and ice, LESI's, medication, and chiropractic services. The patient is TTD. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." 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 do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRI's are indicated only if there has been progression of neurologic deficit." ODG guidelines further states that "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)." The patient had a cervical MRI on 04/28/15, which showed mild inferior leftward tilt with a loss of lordosis, a 3-4mm board right great than left bulge at C6-7 with moderate stenosis, and a 2mm budge at C3-4 with mild right neural foraminal stenosis. Per report 05/29/15, the patient presents with chronic neck and low back pain, with radiating pain to the upper and lower extremities with numbness and tingling. Examination of the neck revealed tenderness to palpation of the cervical paravertebral musculature, ROM was decreased, Spurling's and compression test were positive bilaterally. Sensory deficit was noted in the C7 dermatome. The treater is requesting copies of the MRI films for surgical treatment. This is the only report provided for review and a RFA does not accompany the medical file. In this case, the treater reports an increase in pain and radiation and the patient has positive findings on examination as well. However, there is an updated MRI from 04/28/15 and a repeat imaging is not indicated. ODG guidelines states that "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)." Given that here is a recent updated MRI, the current request is not medically necessary.

Aquatic therapy, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The current request is for Aquatic therapy, 2 times a week for 4 weeks. Treatment history included physical therapy, acupuncture, heat and ice, LESI's, medication, and chiropractic services. The patient is TTD. MTUS page 22 Aquatic therapy section, has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The 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. Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Per report 05/29/15, the patient presents with chronic neck and low back pain, with radiating pain to the upper and lower extremities with numbness and tingling. Examination of the lumbar spine revealed tenderness to palpation, decreased ROM, positive SLR, Braggard's, Bowstring's and Valsalva bilaterally. Sensory deficit was noted in the S1 dermatome. The treater has requested aquatic therapy for this patient. The medical file includes one progress report. The number of PT sessions (aquatic or land-based) received to date is not clear. In this case, the treater does not discussion why this patient needs to participate in aquatic therapy instead of traditional therapy or a home exercise program. There is no diagnosis of obesity or any other physical condition that is preventing the patient from exercising at home. Hence, the treater's request as stated is not medically necessary.