

Case Number:	CM15-0167674		
Date Assigned:	09/08/2015	Date of Injury:	05/18/2015
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old female patient who sustained an industrial injury on 05/18/2015 due to being struck in the chest by a cell phone. Diagnoses include cervical spine musculoligamentous injury without discopathy; cervical spine sprain and strain; lumbar spine sprain and strain, resolved; and right shoulder trapezial myofasciitis. Per the doctor's note dated 9/2/15, she had complaints of neck pain and stiffness. The physical examination revealed cervical spine-decreased range of motion, tenderness, spasm and negative Spurling's test; lumbar spine-decreased range of motion; bilateral shoulder- tenderness. Per the doctor's note dated 7/22/15, she had complaints of neck stiffness and decreased mobility. According to the progress notes dated 6-10-2015, she had neck pain rated 3 out of 10; mid and upper back pain rated 5 to 6 out of 10; and right shoulder pain rated 5 to 6 out of 10. The pain was described as frequent, with associated weakness and decreased range of motion (ROM). The physical examination revealed right trapezius and cervical paraspinal muscle tenderness, spasms and hyper tonicity. Home exercises were provided. The medications list includes orphenadrine and compound cream. She has had cervical MRI on 8/7/15 which revealed multi level disc protrusions. She has had 10 physical therapy visits and 6 chiropractic visits for this injury. A request was made for MRI of the cervical spine; 12 sessions of physical therapy, right shoulder; and 12 sessions of chiropractic for the neck and back.

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 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out". The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags". The records provided did not specify any progression of neurological deficits in this patient. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A recent cervical spine X-ray report is not specified in the records provided. In addition, an electro-diagnostic study with significant neurological deficits is not specified in the records provided. The request for MRI of the cervical spine Qty: 1 is not medically necessary or established for this patient.

Physical therapy right shoulder Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, she has had 10 physical therapy visits and 6 chiropractic visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy right shoulder Qty: 12 is not medically necessary or established for this patient at this time.

Chiropractic to neck, back Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the cited ACOEM guidelines, for patients with symptoms lasting longer than one month manipulation is probably safe but efficacy has not been proved. Per the cited guidelines regarding chiropractic treatment Elective/maintenance care not medically necessary. One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. Per the records provided, she has had 10 physical therapy visits and 6 chiropractic visits for this injury. There is no evidence of significant progressive functional improvement from the previous chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic to neck, back Qty: 12 is not medically necessary.