

Case Number:	CM15-0169914		
Date Assigned:	09/10/2015	Date of Injury:	09/13/1999
Decision Date:	10/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, 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:

The injured worker is a 53 year old female who sustained an industrial injury on 9-3-99. A review of the medical records indicates she is undergoing treatment for low back pain, gastroesophageal reflux disease, anxiety, cubital tunnel syndrome on the right, degeneration of C5-C6 intervertebral disc, herniation of cervical intervertebral disc with radiculopathy, and radicular pain of right upper extremity. Medical records (6-15-15) indicate that the injured worker complains of fluctuating, moderate neck pain associated with numbness of the right little finger. She rates that pain "5 out of 10". She also complains of right shoulder pain, rating "5-6 out of 10". The report indicates that she has completed physical therapy and is engaged in a home traction program, which was noted to "help". She is currently looking for a new job. The physical exam notes moderate range of motion; pain with motion of the cervical spine, as well as right trapezius tenderness. Full range of motion was noted of the right shoulder. She has completed at least six sessions of physical therapy. An MRI of the cervical spine has been completed. The request for authorization, dated 7-7-15, includes a request for an MRI of the cervical spine, as well as physical therapy 2-3 times per week for 3-4 weeks with a quantity of 12. The utilization review (8-17-15) denied the requests, explaining that for physical therapy, the "examination findings of radiculopathy were not obvious". For the MRI request, it states that "it is questionable whether there has been a reasonable trial of physical therapy before proceeding to advanced imaging".

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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute & Chronic).

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Although x-rays show disc space narrowing there were no neurological abnormalities on exam. The request for an MRI of the cervical spine is not medically necessary.

Physical therapy of the cervical spine 2-3 times a week for 3-4 weeks, quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Work Activities, Initial Care, Follow-up Visits, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant had completed an unknown amount of therapy sessions in the past. The claimant was using home traction. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The additional 12 sessions of therapy is not medically necessary.