

Case Number:	CM15-0187092		
Date Assigned:	09/29/2015	Date of Injury:	06/30/2014
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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 49 year old male, who sustained an industrial injury on 6-30-14. The injured worker was diagnosed as having cervicgia; backache not otherwise specified. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (6-2-14). Currently, the PR-2 notes dated 9-2-15, the provider documents "The patient rates his pain with medications as 5.5 on a scale of 1 to 10. Patient rates his pain without medications as on a scale of 1 to 10. No new problems or side-effects. Quality of sleep is fair. Activity level has remained the same. Nerve study was completed outside physician. Report no sent. He continues to have neck pain at this time with some occasional numbness of the fingers." The notes indicate the injured worker's current medication is Celebrex 200mg capsule on daily as needed. The injured worker's surgical history is noted to have developed a cervical lipoma and he had the lipoma removed (no date). The provider reviewed a Cervical MRI dated 6-2-14 and reports "1) C5-6 tiny central less than 1mm disc protrusion. 2) 4.2x1.6x3.8cm right paraspinous subcutaneous fat signal intensity mass at the C3 and C5 level consistent with a lipoma." On physical examination, the provider documents "Examination of the cervical spine reveals no asymmetry. There is a scar at C5 area. There is tenderness to palpation over the cervical paraspinal muscles and cervical facets. Cervical spine range of motion reveals flexion at 30 degrees, extension at 35 degrees and left lateral bend at 30 degrees. Deep tendon reflexes are symmetrical at 2+ out of 4 in both upper and lower extremities. There is a bulk and tone in all major muscle groups of the upper and lower extremities. No weakness or atrophy is noted, therefore circumferential measurements are not deemed necessary. Sensory examination in the upper and lower extremities is intact to light touch and pinprick." The

provider is recommending physical therapy and an orthopedic consultation. The provider documents: "The patient has had only very brief therapy at the time of his injury (1-2 visits maximum). He needs to have a full course of physical therapy with stretching, modalities. A PR-2 note dated 8-12-15 indicated the injured worker complained of back pain radiating from the low back down right leg and lower backache. He rated his pain without medications as 5 on a scale of 1 to 10. No new problems or side-effects. Quality of sleep is fair. He is not trying any other therapies for pain relief. He denied any new injury since his last visit. Activity level has remained the same. Current medications: Celebrex 200mg one daily." The physical examination relates to the lumbar spine and treatment requested for lumbar transforaminal epidural steroid injections. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 9-14-15 and non-certification was for Specialist referral to orthopedic surgeon, for the cervical spine #1 and Physical therapy 2 times a week for 6 weeks, in treatment of the cervical spine #12. A request for authorization has been received for Specialist referral to orthopedic surgeon, for the cervical spine #1 and Physical therapy 2 times a week for 6 weeks, in treatment of the cervical spine #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral to orthopedic surgeon, for the cervical spine #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines. Chapter 7 page 127.

Decision rationale: The patient presents with neck pain. The request is for specialist referral to orthopedic surgeon, for the cervical spine #1. The request for authorization form is not provided. EMG/NCS of the right upper extremity, 07/27/15, shows electrodiagnostic evidence of moderate right CTS without active muscle denervation; mild right cubital tunnel syndrome; no electrodiagnostic evidence of right cervical radiculopathy. X-ray of the cervical spine, 07/09/15, shows nuchal ligament calcification at C4-5 level, suspicious for old soft tissue injury. Physical examination of the cervical spine reveals a scar at C5 area. There is tenderness to palpation over the cervical paraspinal muscles and cervical facets. Positive facet loading to the right. Patient reports car accident 2 weeks ago in his work vehicle. He was rear ended while at a stop. He reports increased cervical pain due to this. Patient's medication includes Celebrex. Per progress report dated 09/30/15, the patient is working full time. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 09/30/15, treater's reason for the request is "He was seen by [REDACTED] who recommended a specialist to look at his neck." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Specialist Referral to

Orthopedic Surgeon. ACOEM guidelines generally allow and support referral to a specialist to aid in complex issues. Given the patient's chronic neck pain, a Specialist Referral to Orthopedic Surgeon may contribute to improved management of symptoms. Therefore, the request is medically necessary.

Physical therapy 2 times a week for 6 weeks, in treatment of the cervical spine #12: 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-Physical Therapy Guidelines.

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

Decision rationale: The patient presents with neck pain. The request is for physical therapy 2 times a week for 6 weeks, in treatment of the cervical spine #12. The request for authorization form is not provided. EMG/NCS of the right upper extremity, 07/27/15, shows electrodiagnostic evidence of moderate right CTS without active muscle denervation; mild right cubital tunnel syndrome; no electrodiagnostic evidence of right cervical radiculopathy. X-ray of the cervical spine, 07/09/15, shows nuchal ligament calcification at C4-5 level, suspicious for old soft tissue injury. Physical examination of the cervical spine reveals a scar at C5 area. There is tenderness to palpation over the cervical paraspinal muscles and cervical facets. Positive facet loading to the right. Patient reports car accident 2 weeks ago in his work vehicle. He was rear ended while at a stop. He reports increased cervical pain due to this. Patient's medication includes Celebrex. Per progress report dated 09/30/15, the patient is working full time. MTUS, Physical Medicine Section, pages 98, 99 states: "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." Per progress report dated 09/30/15, treater's reason for the request is "for stretching, strengthening, modalities as indicated." In this case, the patient continues with neck pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the request for 12 sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.