

Case Number:	CM15-0192654		
Date Assigned:	10/07/2015	Date of Injury:	06/27/2015
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/01/2015

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 73 year old female, who sustained an industrial injury on 6-27-15. Medical records indicate that the injured worker is undergoing treatment for a cervical strain and thoracic strain-rule out herniated nucleus pulposus. The injured workers work status was noted to be modified duty. On (9-10-15) the injured worker complained of neck and upper back pain and cervical and thoracic spasms. Objective findings noted a decreased range of motion of the cervical spine. The injured worker was neurovascularly intact distally. Treatment and evaluation to date has included medications. Prior physical therapy sessions for this date of injury were not noted. Current medications include Cyclobenzaprine and Tramadol ER. The request for authorization dated 9-11-15 included requests for an MRI of the cervical spine and physical therapy two times a week for four weeks for the neck. The Utilization Review documentation dated 9-15-15 non-certified the requests for an MRI of the cervical spine and physical therapy two times a week for four weeks for the neck.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back -Magnetic resonance imaging (MRI).

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

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. In this case there were neurological deficits in the c4-c6 dermatomes. The x-rays were not diagnostic. In this case, there was no acute red flag symptoms. Evaluation of peripheral nerve compromise was not thoroughly evaluated i.e. Tinel's Phalnes, epicondylar pain. The claimant had not completed therapy to evaluate resolution of symptoms with conservative measures. The request for an MRI of the cervical spine is not medically necessary.

Physical therapy 2x a week for 4 weeks for the neck: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

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

Decision rationale: According to the guidelines 8-10 sessions of physical therapy is appropriate with additional visits to be performed at home. In this case, the claimant has cervical strain. There is no evidence of prior therapy. The request for 8 sessions of therapy for the cervical spine is medically necessary.