

<b>Case Number:</b>	CM15-0194836		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2015

### 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 62 year old male, who sustained an industrial injury on 11-24-2012. Medical records indicate the worker is undergoing treatment for cervical pain, lumbar radiculopathy, lumbar degenerative disc disease and low back pain. A recent progress report dated 8-31-2015, reported the injured worker complained of neck pain radiating down the posterior arm and forearm and digits rated 7 out of 10 with medications and 8 out of 10 without medications. He also complained of low back pain and left wrist pain. Physical examination revealed pain restricted cervical range of motion of 30 degrees flexion and extension and positive cervical facet loading on the left. Pain restricted lumbar range of motion of flexion of 60 degrees and extension of 10 degrees. Treatment to date has included physical therapy and medication management. On 9-10-2015, the Request for Authorization requested Physical Therapy 2 X Week X 6 Weeks #12 Visits and MRI of The Cervical Spine (To Rule out C7 Radiculopathy as Seen on EMG Study). On 9-17-2015, the Utilization Review noncertified the request for Physical Therapy 2 X Week X 6 Weeks #12 Visits and MRI of The Cervical Spine (To Rule Out C7 Radiculopathy As Seen On EMG Study).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 X Week X 6 Weeks #12 Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** Based on the 8/13/15 progress report provided by the treating physician, this patient presents with lumbar spine pain, left wrist pain with pain rated 8/10 with medications and 9/10 without medications. The treater has asked for physical therapy 2 x week x 6 weeks #12 visits on 8/13/15. The patient's diagnoses per request for authorization dated 9/10/15 are lumbar radiculopathy, spinal/lumbar DDD, low back pain, wrist pain, carpal tunnel syndrome, cervical pain. The patient is s/p lumbar epidural steroid injection from 5/20/15 with little relief per 6/26/15 report. The patient is undergoing physical therapy for left wrist per 8/13/15 report. The patient is currently taking Norco and Oxycodone per 8/13/15 report. The patient is currently temporarily totally disabled and not working per 8/13/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 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." In this case, the patient is s/p left open carpal tunnel release, Guyon's canal release, and left de Quervain's release from 2/5/15 and has had 6 postoperative physical therapy sessions as of 5/11/15 report. Utilization review letter dated 9/17/15 denies request and states that patient has participated in 15 of 18 authorized postoperative physical therapy sessions. However, the treater's current request appears to be for 12 physical therapy sessions for the patient's lumbar according to 8/31/15 report. MTUS guidelines allow for up to 10 physical therapy sessions for non-operative cases and the current request for 12 sessions for the lumbar exceeds guideline recommendations. Hence, the request is not medically necessary.

**MRI of The Cervical Spine (To Rule Out C7 Radiculopathy As Seen On EMG Study):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging.

**Decision rationale:** Based on the 8/13/15 progress report provided by the treating physician, this patient presents with lumbar spine pain, left wrist pain with pain rated 8/10 with medications and 9/10 without medications. The treater has asked for MRI of The Cervical Spine (To Rule Out C7 Radiculopathy As Seen On EMG Study) on 8/13/15. The patient's diagnoses per request for authorization dated 9/10/15 are lumbar radiculopathy, spinal/lumbar DDD, low back pain, wrist pain, carpal tunnel syndrome, cervical pain. The patient is s/p lumbar epidural steroid injection

from 5/20/15 with little relief per 6/26/15 report. The patient is undergoing physical therapy for left wrist per 8/13/15 report. The patient is currently taking Norco and Oxycodone per 8/13/15 report. The patient is currently temporarily totally disabled and not working per 8/13/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-178 states:

"Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) Section states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Utilization review letter dated 9/17/15 denies request due to lack of documentation of cervical radiculopathy. Per progress report dated 8/13/15 the treater is requesting cervical MRI "to rule out C7 radiculopathy as seen on EMG study." Per 4/20/15 report, the patient had an NCV and EMG on 12/12/14, which showed mild/moderate left carpal tunnel syndrome, mild worsening since prior electrodiagnostic studies on 5/1/13, and also left C7 radiculopathy. In this case, the patient is s/p left open carpal tunnel release, Guyon's canal release, and left de Quervain's release from 2/5/15 with ongoing symptoms in the left wrist. However, the patient had a Spurling's maneuver that caused neck pain but no radicular symptoms per 8/13/15 physical exam. ODG does not recommend repeat MRI's except for a significant change in symptoms or findings suggestive of significant pathology. Therefore, the request is not medically necessary.