MAXIMUS Federal Services

Case Number:	CM15-0198461		
Date Assigned:	10/13/2015	Date of Injury:	07/27/2015
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a 55-year-old who has filed a claim for neck and low back pain reportedly associated with an industrial injury of July 27, 2015. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for 6 sessions of physical therapy and an MRI imaging of the cervical spine. The claims administrator referenced a September 17, 2015 office visit in its determination. The claims administrator contended that the applicant had had 6 sessions of physical therapy through the date of the request. On October 8, 2015, the applicant reported ongoing complaints of shoulder pain, 9/10. The applicant was returned to regular duty work. The applicant reported jolts of neck pain. An orthopedic surgery consultation was suggested. The applicant was self-modifying tasks at work. The applicant's medications included naproxen and Biofreeze gel, it was reported. The applicant exhibited normal grip strength on cervical spine range of motion with tenderness about the cervical paraspinal musculature. MRI imaging and physical therapy were sought on this date. On September 17, 2015, the applicant reported intermittent sharp neck pain. The applicant's low back complaints were, however, improving. Additional physical therapy was sought. The applicant's medications included naproxen and Biofreeze gel. Once again, the applicant was returned to regular duty work. The applicant again exhibited normal grip strength bilaterally. Limited cervical range of motion was noted. The applicant was described as having resolving low back pain complaints at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x2 for the low back and neck: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Second Edition, Chapter 12 (update 11/30/2007) Low Back Complaints page 134.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Yes, the request for 6 sessions of physical therapy for the low back and neck was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 does stipulate that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals. Here, the applicant was described as trending favorably as of the September 17, 2015 office visit. The applicant had returned to regular duty work on that date but still had some deficits to include limited cervical spine range of motion and slightly limited lumbar range of motion. The applicant's issues were, thus, trending favorably as of that point in time, as evinced by the applicant's successful return to regular work. Additional treatment on the order that proposed was indicated to ameliorate the applicant's residual deficits, however. Therefore, the request was medically necessary.

MRI of cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Conversely, the request for MRI imaging of the cervical spine without contrast was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the applicant's presentation was not suggestive or evocative of nerve root compromise referable to the cervical spine or upper extremities. The applicant was described as exhibiting symmetric, intact, well-preserved grip strengths about the upper extremities on the September 17, 2015 office visit at issue. There was no mention of the applicant's having active cervical radicular pain complaints on that date. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. The applicant's seeming lack of radicular pain complaints and well-preserved upper extremity grip strength, as noted previously, effectively argued against the presence of any nerve root compromise referable to the cervical spine. Therefore, the request was not medically necessary.