

Case Number:	CM15-0202782		
Date Assigned:	10/19/2015	Date of Injury:	09/01/2000
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 63 year old female with an industrial injury dated 09-01-2000. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain with previous cervical fusion, myofascial pain syndrome involving the lower cervical paraspinal muscles and bilateral occipital neuralgia. According to the progress notes dated 09-02-2015 and 09-30-2015, the injured worker reported neck pain with radiation into the bilateral upper trapezius muscles and intermittent headaches. Pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (09-02-2015) revealed mild to moderate discomfort, focal tenderness over the posterior occipital region and bilateral upper trapezius muscles, mildly limited cervical rotation, moderate bilateral cervical paraspinal muscle tenderness to palpation. Objective findings (09-30-2015) revealed moderate discomfort, moderately anxious and depressed becoming tearful at times, limited cervical range of motion in all planes, and moderate bilateral cervical paraspinal muscles and upper trapezius tenderness. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the cervical spine dated 12-07-2009 revealed anterior cervical fusion and discectomy C4-5 and C5-6 with no change in appearance of the postsurgical levels. There was a posterior 3mm C3-4 disc protrusion and bilateral bony foraminal stenosis by uncovertebral hypertrophy and a small C6-7 disc bulge. Treatment has included anterior cervical discectomy and fusion in 2006, Magnetic Resonance Imaging (MRI) of cervical spine, prescribed medications (Soma since at least May of 2014), unknown number of physical therapy and periodic follow up visits. The treating physician reported that the injured worker's last urine drug screen on 5-07-2014 was consistent with her prescribed medications

with no evidence of illicit drug use. The injured worker is permanent and stationary and is being treated out of their future medical care provisions. The utilization review dated 10-09-2015, non-certified the request for Cervical spine MRI Qty: 1.00, physical therapy for cervical spine Qty: 10.00 and Soma 350mg Qty: 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI Qty: 1.00: 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 and upper back - MRI.

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- Magnetic resonance imaging (MRI).

Decision rationale: Cervical spine MRI Qty: 1.00 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation indicates that the patient has had a prior MRI in 2009. The documentation does not indicate evidence of red flag findings or progressive neurological deficits or significant change on symptoms therefore the request for an MRI of the cervical spine is not medically necessary.

Physical therapy for cervical spine Qty: 10.00: 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), Physical therapy guidelines.

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

Decision rationale: Physical therapy for cervical spine Qty: 10.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior cervical PT sessions the patient has had or why she is unable to

perform an independent home exercise program. For these reasons the request for 10 more sessions of PT is not medically necessary.

Soma 350mg Qty: 30.00: 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), Pain - Muscle relaxants (for pain).

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

Decision rationale: Soma 350mg Qty: 30.00 is not medically necessary per the MTUS Guidelines. The MTUS recommends against using Soma and state that it is not for long term use. The MTUS states that abuse has been noted for sedative and relaxant effects of Soma. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.