

Case Number:	CM15-0203427		
Date Assigned:	10/20/2015	Date of Injury:	04/07/2010
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
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: 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 59-year-old male, with a reported date of injury of 04-07-2010. The diagnoses include neck pain, thoracic spine displacement, and low back pain. The progress report dated 08-21-2015 indicates that the injured worker had constant pain in the cervical spine with radiation of pain into the upper extremities, and associated with migraine headaches and tension between the shoulder blades. The pain was rated 9 out of 10. The injured worker also had constant low back pain, with radiation of pain into the lower extremities, and rated 7 out of 10 (05-12-2015 and 08-21-2015). He also had difficulty sleeping. The objective findings include no acute distress, an intact gait, tenderness to palpation of the lumbar paravertebral muscles with spasm, positive seated nerve root test, standing flexion and extension of the lumbar spine were guarded and restricted, tingling and numbness in the lateral thigh, anterolateral, and posterior leg and foot, in the L5 and S1 dermatomal patterns, tenderness to palpation of the cervical paravertebral muscles with spasm, negative axial loading compression test, limited cervical range of motion with pain, and normal strength of the cervical and thoracic spine. The injured worker has been instructed to return to modified work. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 05-07-2015 with normal findings; an MRI of the left shoulder on 05-05-2015 which showed tear of the anterior-inferior through inferior labrum, a paralabral cyst formation adjacent to the anterior-inferior labrum and inferior labrum, subscapularis tendinosis without tear, and mild acromioclavicular osteoarthritis; an MRI of the lumbar spine on 03-23-2015 which showed broad-based disk bulge at L1-2 and L4-5 with mild neural foraminal narrowing and multi-level disc degeneration; an MRI of the

thoracic spine on 12-16-2014. Treatments and evaluation to date have included C5-6 cervical spinal fusion, physical therapy, and three lumbar epidural steroid injections. The treating physician requested eight (8) physical therapy sessions twice a week for four weeks and an MRI of the cervical spine. The site of the physical therapy was not indicated. On 09-22-2015, Utilization Review (UR) non-certified the request for eight (8) physical therapy sessions twice a week for four weeks and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (8 sessions): Upheld

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

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

Decision rationale: The 59 year old patient complains of cervical spine pain; thoracic spine pain; lumbar spine pain, rated at 7/10, radiating to bilateral lower extremities; and difficulty sleeping; as per progress report dated 08/25/15. The request is for PHYSICAL THERAPY 2 x 4 (8 SESSIONS). The RFA for this case is dated 09/15/15, and the patient's date of injury is 04/07/10. Diagnoses, as per progress report dated 08/25/15, included cervicgia, thoracic disc displacement, and lumbago. The patient is status post cervical ACDF. Medications, as per progress report dated 06/09/15, include Nabumentone, Prevacid, Ondansetron, Cyclobenzaprine and Tramadol. The patient is on modified duty, as per progress report dated 08/25/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: 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 request for 8 sessions of physical therapy for cervical and lumbar spines is noted in progress report dated 08/25/15. A request for 8 sessions of physical therapy is also noted in progress report dated 01/20/15. In progress report, dated 02/24/15, the treater recommends the patient to "continue a course of physical therapy to cervical spine, thoracic spine." Neither the progress reports nor the Utilization Review denial letter document the number of physical sessions completed until now. However, given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. The treater does not discuss the impact of prior therapy in terms of reduction of pain and improvement of function. MTUS only allows for 8-10 sessions of physical therapy in non-operative case. Given the lack of relevant documentation, the request IS NOT medically necessary.

MRI, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Neck and Upper Back Chapter - MRI (magnetic resonance imaging).

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 and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The 59 year old patient complains of cervical spine pain; thoracic spine pain; lumbar spine pain, rated at 7/10, radiating to bilateral lower extremities; and difficulty sleeping; as per progress report dated 08/25/15. The request is for MRI, CERVICAL SPINE. The RFA for this case is dated 09/15/15, and the patient's date of injury is 04/07/10. Diagnoses, as per progress report dated 08/25/15, included cervicgia, thoracic disc displacement, and lumbago. The patient is status post cervical ACDF. Medications, as per progress report dated 06/09/15, include Nabumentone, Prevacid, Ondansetron, Cyclobenzaprine and Tramadol. The patient is on modified duty, as per progress report dated 08/25/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations states: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction." It defines physiologic evidence as a form of, "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that; "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below." Indications for imaging MRI: -Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. -Neck pain with radiculopathy of severe or progressive neurologic deficit. In this case, a request for MRI of the cervical spine is noted in progress report dated 07/28/15. A prior MRI of the cervical spine, dated 10/15/12, revealed mild spondylosis and disc protrusion at C5-6, and posterior disc bulge at C6-7. Physical examination of the cervical spine, as per progress report dated 08/25/15, included tenderness to palpation and limited range of motion. Spurling's test is positive, as per progress report dated 07/28/15 but is negative, as per progress report dated 08/25/15. While the patient does suffer from neck pain, he does not appear to suffer from any neurologic deficits, as per the most recent report available for review, dated 08/25/15. Additionally, the patient has had a cervical MRI in the past, and ODG allows for repeat MRIs only if there has been a progression of neurologic deficit or in presence of specific red flags. Hence, the request IS NOT medically necessary.