

Case Number:	CM15-0204093		
Date Assigned:	10/20/2015	Date of Injury:	04/04/2007
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female with an industrial injury dated 04-04-2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, cervical spine degenerative disc disease, chronic pain syndrome, cervical spine radiculopathy, occipital neuralgia and unspecified torticollis. According to the progress notes dated 07-31-2015 and 08-28-2015, the injured worker's chief complaints include headache, neck pain, and radicular pain. Pain level was 8 out of 10 on a visual analog scale (VAS). The injured worker reported right upper extremity numbness, tingling and pain to the hand. The injured worker also reported difficulty looking to the left due to right neck rotation and difficulty with concentration. Objective findings (07-31-2015, 08-28-2015) revealed bilateral cervical paraspinal tenderness, pain to palpitation over the C2 transverse process on the left and right, and positive spasms of the "SCM". Physical exam also noted that the neck was rotated to the right with right chin to right shoulder. The treating physician documented that the Magnetic Resonance Imaging (MRI) of cervical spine dated 01-03-2011 revealed reversal normal lordotic curvature at C5-6, spondylotic changes at C4-5 through C6-7, minimal encroachment left foramen C5-6, and neck pain. Treatment has included MRI of cervical spine, prescribed medications, unknown amount of physical therapy, home exercise program, Botox injections with 80% relief lasting around 6 months, and periodic follow up visits. There was no physical therapy reports and response to physical therapy submitted for review. The utilization review dated 09-22-2015, modified the request for 2 physical therapy sessions (original: 12) and non-certified request for MRI Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 Cervical Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2007 when she was [REDACTED]. An MRI of the cervical spine in January 2011 included findings of multilevel spondylosis with minimal left C5/6 foraminal encroachment. When seen, she had previously undergone Botox injections with up to 80% relief lasting for about six months. She had neck pain rated at 8/10. She was having right upper extremity numbness, tingling, and pain to her hand. She was having difficulty concentrating and had headaches. Physical examination findings included paraspinal tenderness and pain with palpation over the C2 transverse processes. Her neck was rotated to the right. There were spasms in the sternocleidomastoid. There was normal sensation with right upper extremity strength graded at 5-/5. Authorization was requested for physical therapy to be done after performing trigger point injections. An updated MRI of the cervical spine was also requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in April 2007 when she [REDACTED]. An MRI of the cervical spine in January 2011 included findings of multilevel spondylosis with minimal left C5/6 foraminal encroachment. When seen, she had previously undergone Botox injections with up to 80% relief lasting for about six months. She had neck pain rated at 8/10. She was having right upper extremity numbness, tingling, and pain to her hand. She was having difficulty concentrating and had headaches. Physical examination findings included paraspinal tenderness and pain with palpation over the C2 transverse processes. Her neck was rotated to the right. There were

spasms in the sternocleidomastoid. There was normal sensation with right upper extremity strength graded at 5-/5. Authorization was requested for physical therapy to be done after performing trigger point injections. An updated MRI of the cervical spine was also requested. Guidelines recommend against a repeat cervical spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had a cervical spine MRI. There is no new injury or significant change in her condition and no identified red flags that would indicate the need for a repeat scan. The request is not considered medically necessary.