

<b>Case Number:</b>	CM15-0020702		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/20/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 69-year-old person, who sustained an industrial injury on 8/20/2006. The diagnoses have included brachia neuritis or radiculitis and status post cervical fusion (date not specified). Treatment to date has included surgical intervention and conservative treatments. Currently, the injured worker complains of increased pain in the neck, radiating to the shoulder, and difficulty sleeping at night. Physical exam noted decreased range of motion, positive Spurling's test to the right, and decreased sensation in the right C5 and C6 distribution. Motor strength was 5/5 throughout. She also appeared depressed. Current medications were not listed. The requested treatments at issue were recommended, including a psychiatric referral. On 1/07/2015, Utilization Review (UR) non-certified a request for magnetic resonance imaging cervical spine, with and without gadolinium, noting the lack of compliance with MTUS/ACOEM Guidelines. The UR modified a request for physical therapy (2x6), to physical therapy x2 visits, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the upper back/neck is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for upper back/neck pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was injured in 2006, and although there was no submitted documentation to show how many physical therapy sessions were completed and how the worker responded, based on how long ago the injury was, the worker most likely completed some physical therapy. Considering the worker's worsening pain, it is reasonable, however, to consider evaluation the exercise routine rather than suggested supervised physical therapy, as there was no evidence found in the documentation that the worker was unable to perform any home exercises or that they were performing exercises at home on a regular basis. Due to the documentation not revealing any indication to consider any increase in supervision for these exercises, the request for 12 sessions of physical therapy will be considered medically unnecessary at this time.

**MRI with and without GAD cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. Although there was some evidence to support cervical neuropathy from the subjective and objective (physical examination) findings in the recent progress note, there was no indication that conservative treatments were recently being used such as home exercises or medications, which was not documented in the notes. Therefore, without evidence of conservative care or signs/symptoms suggesting a red flag diagnosis, the MRI of the cervical spine will be considered medically unnecessary.

