

Case Number:	CM15-0022793		
Date Assigned:	02/12/2015	Date of Injury:	10/08/1999
Decision Date:	04/20/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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 represented 65-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 6, 1999. In a utilization review report dated January 30, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as 8 sessions of the same, denied a thoracic MRI, denied cervical spine x-rays, approved wrist splints, and denied a cervical collar. The claims administrator referenced a progress note of January 22, 2015 in its determination. The claims administrator stated that the applicant had undergone earlier cervical fusion surgery approximately 10 years prior, in the 2004-2005 timeframe. The applicant's attorney subsequently appealed. In an RFA form dated January 22, 2015, the applicant was asked to pursue physical therapy, obtain MRI imaging of the thoracic spine, obtain a cervical collar, and obtain wrist splints. A permanent 25-pound lifting limitation was endorsed. The applicant had not worked since 1999, it was acknowledged. The applicant was also given renewals of Lidoderm, Norco, Valium, Flector, and Voltaren patches. The note was somewhat difficult to follow and mingled the cervical issues with current issues. It was suggested that the applicant was using both Workers' Compensation Indemnity benefits and Disability Insurance benefits. The attending provider stated that the applicant should follow up with his spine surgeon to consider further surgical intervention involving the cervical spine and/or upper thoracic spine. The requesting provider stated that she would defer any definitive position on surgical intervention to the applicant's spine surgeon. In a January 6, 2015 neurosurgery note, the applicant reported ongoing complaints of neck pain. The applicant was using Norco, Valium, and

Lidoderm for a span of several years. Botox injections had been received on a regular basis, without significant improvement. The applicant also had mental health issues superimposed on his medical issues. The applicant had, however, reportedly quit smoking. The attending provider stated that he was willing to offer the applicant a multilevel cervical fusion procedure. The applicant, however, stated that he wished to pursue further conservative management and stated that he was not, thus, intent on pursuing further surgical intervention. The attending provider nevertheless went on to request x-rays of the cervical spine, a cervical collar, physical therapy, wrist splints, and MRI imaging of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 physical therapy visits was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work as of the date of the request. The applicant was receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits, the treating provider acknowledged. The applicant remains dependent on opioid agents such as Norco, which is reportedly being employed at a rate of four times daily. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of unspecified amounts of prior physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.

MRI of Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for MRI imaging of the thoracic spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in

ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant explicitly stated on January 6, 2015 that he was unwilling to consider further surgical intervention involving the cervical and/or thoracic spine. MRI imaging of the thoracic spine, thus, would amount to MRI imaging for academic or structural evaluation purposes, with no clearly formed or clearly stated intention of acting on the results of the same. Therefore, the request was not medically necessary.

5-View X-Ray Series of the Cervical Spine with Flexion and Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): (s) 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for five-view x-rays of the cervical spine with flexion and extension views was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, the routine usage of radiographs of the cervical spine is deemed "not recommended" in applicants in whom red flags are absent. Here, as with the preceding request, it was not clearly stated why plain film x-rays of the cervical spine to search for instability were being performed if the applicant had no intention of acting on the results of the same. The applicant explicitly stated on January 6, 2015 that he was not intent on pursuing or considering any kind of surgical intervention involving the cervical spine, effectively obviating the need for the x-rays at issue. Therefore, the request was not medically necessary.

1 Soft Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Lower Back - Thoracic and Lumbar (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Finally, the request for a cervical collar was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, cervical collars are "not recommended" more than one to two days. Here, the applicant was several years removed from the date of injury as of the date of the request. It was not clearly stated why the attending provider was intent on introducing a cervical collar at this late stage in the course of the claim in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.