

Case Number:	CM15-0216018		
Date Assigned:	11/05/2015	Date of Injury:	06/09/2015
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, 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 injured worker is a 66 year old female, who sustained an industrial injury on 06-09-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar radiculopathy, bursitis of the right trochanteric bursa, right ankle sprain, right wrist sprain, right rotator cuff syndrome, head contusion, headaches, and nausea. Medical records (06-11-2015 to 09-17-2015) indicate ongoing neck and low back pain, right hip pain, headaches, nausea, and right arm pain and numbness. Pain levels were rated 7-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-17-2015, revealed tenderness to the trapezii bilaterally, restricted range of motion (ROM) in the cervical spine, cervical extension causes dizziness, decreased sensation in all digits of the upper extremities, restricted ROM in the lumbar spine, positive straight leg raise on the right, and tenderness over the right greater trochanter. Relevant treatments have included: an unknown amount of physical therapy (PT) (body part not specified) which was reported to be helpful, acupuncture, injections, work restrictions, and pain medications. The PR and request for authorization (09-17-2015) shows that the following services were requested: MRI of the cervical spine, and 12 sessions of PT for the cervical and lumbar spines. The original utilization review (10-15-2015) non-certified the request for MRI of the cervical spine, and partially approved the request for 12 sessions of PT for the cervical and lumbar spines which was modified to 6 sessions of PT for the cervical spine only.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging". Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As, such the request for MRI of the cervical spine is not medically necessary.

Physical therapy (for cervical and lumbar symptoms) Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Work Activities, Follow-up Visits, Activity Alteration, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home

and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with: Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do not indicate any prior physical therapy for the cervical spine. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request is not medically necessary.