

<b>Case Number:</b>	CM15-0223740		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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, Indiana, New  
York Certification(s)/Specialty: Internal 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 65 year old, male who sustained a work related injury on 8-8-14. A review of the medical records shows he is being treated for neck pain. In the Initial Neurosurgical Consultation Evaluation Report dated 10-23-15, the injured worker reports constant neck pain and stiffness with headaches and pain radiating down both arms, left worse than right, with numbness, tingling and weakness, Upon physical exam dated 10-23-15, he has tenderness to palpation over the cervical paraspinal region with spasms. He has limited cervical range of motion. He has decreased sensation in the left C6 and C7 dermatome distributions. Treatments have included medications, physical therapy, and use of a soft cervical collar. The provider has personally reviewed the MRI of cervical spine dated 10-13-14 and revealed "these demonstrate significant disc herniations at C2 through C7, worse at C5-6 and C6-7 where there is complete bilateral foraminal stenosis." Current medications include Metformin, Hydrochlorothiazide and Aspirin. At last notation in other progress notes, he is not working. The treatment plan includes requests for physical therapy and for an updated cervical spine MRI. The Request for Authorization dated 11-2-15 has requests for physical therapy, for an MRI of cervical spine and for a re-evaluation after 3 months. In the Utilization Review dated 11-11-15, the requested treatments of physical therapy 2 x 6 for cervical spine and an MRI of the cervical spine are not necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Physical Therapy 2 Times a Week for 6 Weeks for the Cervical Spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the cervical spine is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are significant disk herniation, C2 through C7; complete bilateral foraminal stenosis at C5 through C7; and left C5, C6 and C7 radiculopathy. Date of injury is August 8, 2014. Request for authorization is November 2, 2015. According to an October 23, 2015 surgical progress note, the injured worker at a prior cervical MRI dated October 13, 2014. Cervical MRI showed trace levoconvex scoliosis lower cervical spine attributable to muscle spasm versus positioning; multilevel multifactorial changes with mass effect on the cord and central canal stenosis notable at C3 - C4, C5 - C6, and C6 - C7; neural foraminal stenosis at nearly all cervical levels; T2 - T3 prominent central disc protrusion with foraminal stenosis left greater than right. The treating provider is requesting a repeat MRI to assess the injured worker's current anatomy. Objectively, there is tenderness at the cervical paraspinal muscles spasm. Provocative testing is negative. There is decreased sensation at the C6 - C7 dermatome. Motor function is grossly normal. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. It is unclear whether the injured worker is engaged in a home exercise program. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times six weeks to the cervical spine is not medically necessary.

## **MRI of the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**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 section, MRI cervical spine.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI of the cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. 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 with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are significant disk herniation, C2 through C7; complete bilateral foraminal stenosis at C5 through C7; and left C5, C6 and C7 radiculopathy. Date of injury is August 8, 2014. Request for authorization is November 2, 2015. According to an October 23, 2015 surgical progress note, the injured worker at a prior cervical MRI dated October 13, 2014. Cervical MRI showed trace levoconvex scoliosis lower cervical spine attributable to muscle spasm versus positioning; multilevel multifactorial changes with mass effect on the cord and central canal stenosis notable at C3 - C4, C5 - C6, and C6 - C7; neural foraminal stenosis at nearly all cervical levels; T2 - T3 prominent central disc protrusion with foraminal stenosis left greater than right. The treating provider is requesting a repeat MRI to assess the injured worker's current anatomy. Objectively, there is tenderness at the cervical paraspinal muscles spasm. Provocative testing is negative. There is decreased sensation at the C6 - C7 dermatome. Motor function is grossly normal. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There is no documentation indicating a significant change in symptoms and/or findings suggestive of significant pathology in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating a significant change in symptoms and or objective findings and no unequivocal objective findings that identify specific nerve compromise, MRI of the cervical spine is not medically necessary.