

Case Number:	CM15-0048426		
Date Assigned:	03/20/2015	Date of Injury:	10/27/2009
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 49 year old female, who sustained an industrial injury on October 27, 2009. She reported injury of the neck, back, bilateral shoulders, left elbow, bilateral wrist, right hip, and bilateral knee. The injured worker was diagnosed as having bilateral shoulder strain/sprain, cervical spine disc disease, status post cervical fusion, thoracic spine strain/sprain, lumbar spine strain/sprain, and left elbow lateral epicondylitis. Treatment to date has included neck surgery, medications, and modified work duty. On January 22, 2015, she was evaluated by the primary treating physician for continued pain of the neck, back, shoulders, left elbow, wrists, right hip and knees. She indicates she has sleeping problems. She indicates she has not had medical care since her previous visit to this provider on August 7, 2014, and had been self-medicating with over the counter pain medications. The treatment plan includes referral to physical therapy for evaluation and treatment. The request is for physical therapy evaluation and treatment, two times weekly for six weeks, and computed tomography scan of the cervical spine, and x-rays of bilateral sternoclavicular joints (3 views).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment; two (2) times a week for six (6) weeks: Upheld

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

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 is more than 5 years status post work-related injury and continues to be treated for chronic pain. Treatments have included an anterior cervical decompression and fusion without reported complication. Then seen by the requesting provider, there was cervical spinous process tenderness with multiple areas of muscle tenderness. There was decreased cervical range of motion with positive compression and distraction testing. Prior treatments have included physical therapy. 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 and therefore not medically necessary.

CT scan cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines.

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), Computed tomography (CT).

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Treatments have included an anterior cervical decompression and fusion without reported complication. Then seen by the requesting provider, there was cervical spinous process tenderness with multiple areas of muscle tenderness. There was decreased cervical range of motion with positive compression and distraction testing. For the evaluation of the patient with chronic neck pain, plain radiographs (3- view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is concern regarding the claimant's fusion, plain film x-ray with flexion / extension views could be considered as appropriate. The requested CT scan of the cervical spine is therefore not medically necessary.

X-rays bilateral sternoclavicular joints (3 views): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiographs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p52.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. Treatments have included an anterior cervical decompression and fusion without reported complication. Then seen by the requesting provider, there was cervical spinous process tenderness with multiple areas of muscle tenderness. There was decreased cervical range of motion with positive compression and distraction testing. There was no examination or reported abnormality of the sternoclavicular joints. In terms of the requested x-rays of the sternoclavicular joints, Guidelines recommend that consideration of diagnostic testing be defined by the clinical entity and body part being investigated. In this case, there is no history of acute trauma or reported physical examination findings that would indicate a need for obtaining imaging. The request is therefore not medically necessary.