

Case Number:	CM15-0048601		
Date Assigned:	03/20/2015	Date of Injury:	12/20/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 63 year old female who sustained a work related injury on December 20, 2013, incurring injuries to her neck and shoulders, arm and hand from working on a computer. She was diagnosed with cervical disc disease, radiculopathy, and cervical stenosis. She underwent a lumbar fusion, carpal tunnel, trigger release and right knee surgery. Treatment included physical therapy, acupuncture sessions, and medications. Currently, the injured worker complained of ongoing cervical neck pain and migraine headaches. The treatment plan that was requested for authorization included a cervical Magnetic Resonance Imaging (MRI), neck physical therapy and trigger point injections to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing headaches due to neck issues, migraines, problems sleeping, and back pain. These records described examination findings consistent with a C6 nerve problem. It is unclear if these findings are consistent with the MRI done on 02/18/2014. While the documentation summarizes the report of the prior MRI, the detailed findings were not provided. There was no discussion detailing how this repeat study would affect the worker's care. In the absence of such evidence, the current request for a repeat MRI of the cervical spine region without contrast is not medically necessary.

Physical Therapy for neck quantity 8: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ('fading') should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing headaches due to neck issues, migraines, problems sleeping, and back pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for eight sessions of physical therapy for the neck is not medically necessary.

Trigger Point Injections to Neck quantity 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The MTUS Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation indicated the worker was experiencing headaches due to neck issues, migraines, problems sleeping, and back pain. The documented examination did not include findings suggesting the presence of trigger points, and there was no suggestion that the worker had myofascial pain syndrome or chronic regional pain syndrome. In the absence of such evidence, the current request for three trigger point injections to the neck is not medically necessary.