

<b>Case Number:</b>	CM15-0080931		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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  
 Certification(s)/Specialty: Emergency 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 36 year old female who sustained an industrial injury on 01/21/2013. Diagnosis is cervical disc displacement. Treatment to date has included diagnostic studies, medications, Toradol injections, acupuncture, and physical therapy. A physician progress note dated 04/03/2015 documents the injured worker complains of lumbar and cervical spine pain. She has sharp pain to her cervical spine and certain movements increase pain. Lumbar flexion is 90 degrees, extension is 25 degrees, right lateral bending is 30 degrees and left lateral bending is 33 degrees. There is pain with extension. Cervical range of motion is flexion 55 degrees, extension 68 degrees, right rotation 40 degrees, left rotation is 45 degrees and right and left bending are each at 40 degrees. No impingement sign is noted. The treatment plan includes prescription for Lyrica to reduce inflammation and Cyclobenzaprine to relax the muscles. Treatment requested is for outpatient cervical spine Magnetic Resonance Imaging, and outpatient physical therapy to cervical spine consisting of physical and aquatic therapy three (3) times a week for four (4) weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient cervical spine MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested Outpatient cervical spine MRI, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has lumbar and cervical spine pain. She has sharp pain to her cervical spine and certain movements increase pain. Lumbar flexion is 90 degrees, extension is 25 degrees, right lateral bending is 30 degrees and left lateral bending is 33 degrees. There is pain with extension. Cervical range of motion is flexion 55 degrees, extension 68 degrees, right rotation 40 degrees, left rotation is 45 degrees and right and left bending are each at 40 degrees. No impingement sign is noted. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Outpatient cervical spine MRI is not medically necessary.

**Outpatient physical therapy to cervical spine consisting of physical and aquatic therapy three (3) times a week for four (4) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Aquatic Therapy, Page 22  
Page(s):

22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

**Decision rationale:** The requested Outpatient physical therapy to cervical spine consisting of physical and aquatic therapy three (3) times a week for four (4) weeks, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has lumbar and cervical spine pain. She has sharp pain to her cervical spine and certain movements increase pain. Lumbar flexion is 90 degrees, extension is 25 degrees, right lateral bending is 30 degrees and left lateral bending is 33 degrees. There is pain with extension. Cervical range of motion is flexion 55 degrees, extension 68 degrees, right rotation 40 degrees, left rotation is 45 degrees and right and left bending are each at 40 degrees. No impingement sign is noted. The treating physician has

not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Outpatient physical therapy to cervical spine consisting of physical and aquatic therapy three (3) times a week for four (4) weeks is not medically necessary.