

Case Number:	CM15-0088528		
Date Assigned:	05/12/2015	Date of Injury:	06/26/2006
Decision Date:	06/12/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/08/2015

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: Physical Medicine & Rehabilitation

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 62-year-old female who sustained an industrial injury on 06/26/2006. Mechanism of injury was cumulative trauma over a long career of deskwork, where she has held her head in a fixed position at her desk. Diagnoses include degeneration of cervical intervertebral disc, and acquired spondylolisthesis, cervical spine degenerative disc disease, lumbar spine L4-L5 spondylolisthesis, and rheumatoid arthritis. Treatment to date has included diagnostic studies, medications, heat and ice, and physical therapy. A physician progress note dated 03/30/2015 documents the injured worker complains of severe neck and low back pain, which she rates as 8 out of 10. Her pain is constant and reports the pain to be burning and sharp. She has 90% neck pain with 10% of her pain is in her bilateral shoulders. On examination, she has tenderness to palpation along both the left and right sides of her posterior cervical muscles with notable spasm. She has decreased cervical range of motion. A Magnetic Resonance Imaging of the cervical spine done on 12/19/2013 demonstrates C5-C6 mild disc bulge and degenerative disc disease. The treatment plan is for a cervical Magnetic Resonance Imaging to evaluate why she has so much severe back pain and radicular pain, and physical therapy for the cervical spine. Treatment requested is for Lumbar Magnetic Resonance Imaging and physical therapy 16 sessions (2x8) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 16 sessions (2x8) for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 16 sessions (2x8) for the cervical spine is not medically necessary and appropriate.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. Clinical exam did not demonstrate progressive finding changes nor identified specific myotomal/ dermatomal neurological deficits. In addition, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Lumbar MRI is not medically necessary and appropriate.