

Case Number:	CM14-0214697		
Date Assigned:	12/31/2014	Date of Injury:	11/16/2013
Decision Date:	02/28/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/21/2014

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 patient is a 42 year old female with an injury date of 11/16/13. Based on the 11/10/14 progress report provided by treating physician, the patient complains of neck pain radiating to upper extremities. The patient is status-post right carpal tunnel release 02/12/14 and left carpal tunnel release 06/25/14. Physical examination of the cervical spine revealed tenderness at the C5-6 level. Range of motion was decreased. Patient has had an ESI on 06/12/14. Patient has had 12 visits of PT. Patient's current medications include Gabapentin, Voltaren and Zanaflex. Per treater's report dated 12/09/14, the patient is not working. MRI of the cervical spine 11/08/14, shows central disk protrusion at C5-6. Diagnosis (11/10/14)- C5-6 cervical disk bulge with bilateral radiculopathy- Carpal tunnel syndrome status post release. The utilization review determination being challenged is dated 11/28/14. The rationale follows: 1) 12 Physical Therapy Visits for The Cervical Spine: patient has already completed 12 physical therapy sessions for the neck. 2) 1 MRI of The Cervical Spine: patient had a cervical MRI on 11/08/13.. Subjective and objective findings have not changed significantly. Treatment reports were provided from 04/11/14 to 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Cervical Spine: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating to upper extremities. The request is for 12 Physical Therapy Visits For The Cervical Spine. Patient has had an ESI on 06/12/14. Patient has had 12 visits of PT. Patient's current medications include Gabapentin, Voltaren and Zanaflex. Patient is not working. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98 - 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 11/10/14, provider's reason for the request is "an effort to decrease pain, increase strength and range of motion, decrease the need for medication, and avoid surgery." The Provider also states "the patient has had some relief with therapy corroborated both by subjective and objective findings." However, there is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. Therefore, 12 Physical Therapy Visits for the Cervical Spine is not medically necessary.

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back section chapter, MRI.

Decision rationale: The patient presents with neck pain radiating to upper extremities. The request is for 1 MRI of the cervical spine. Patient has had an ESI on 06/12/14. Patient has had 12 visits of PT. Patient's current medications include Gabapentin, Voltaren and Zanaflex. The Patient is not working. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The ODG-TWC Neck and Upper Back section, under MRI states "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)." Per progress report dated 11/10/14, treater's reason for the request is "to ensure there are no different findings from previous MRIs and ensure there are no other levels involved. The Provider also states that her MRI is over 1 year old and I think it is a possibility that surgical

intervention would need to be considered. However, there is no documentation or discussion on significant change in symptoms or findings that would warrant a repeat MRI. The previous MRI from a year ago is not discussed to determine whether or not a significant surgical issue is present. The request is not in accordance with MTUS/ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. Therefore, 1 MRI of the cervical spine is not medically necessary.