

Case Number:	CM14-0215124		
Date Assigned:	01/06/2015	Date of Injury:	10/26/2012
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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 34 year-old female with a 10/26/12 date of injury. 514 pages of records from 2/06/2013 through 11/18/14 were provided for review. The 11/7/14 medical report that contained the current request and/or rationale was not provided for this review. The most recent reports provided are psychological reports. The report from 2/20/2013 states the patient had physical therapy, and a cervical MRI that showed disc degeneration and lead up to the cervical epidural injection. There is a 4/24/14 psychiatry report that states the patient does not have any "focal neurological deficits C4 to T1 to motor and sensory evaluation." The diagnoses at that time included: cervical strain; lumbar strain; bilateral shoulder strain/myofascial pain syndrome; stress, anxiety and depression; sleep disorder; weight gain; bilateral wrist/hand pain, current asymptomatic. On 11/21/14 utilization review denies PT 2x3, stating it is a request for work-hardening and uses the work-hardening guidelines. The reviewer denies the cervical MRI stating the records did not provide a rationale that met the clinical criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks Lumbar Spine and Bilateral Shoulders:

Upheld

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

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

Decision rationale: The 514 pages of medical records provided for this review, from 2/06/2013 through 11/18/14, did not contain the 11/7/14 physiatry report that discusses the requested items. There are reports from 2013 that state the patient had PT, but the total number of sessions were not provided, and the date range of the most recent course of therapy has not been provided. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. It is not known if the current request for PT x6 when combined with the unknown number of prior PT will exceed the MTUS guidelines. There are no medical reports available that discuss or request PT or provide a rationale. There is not enough information provided to confirm that the PT request is in accordance with the MTUS recommendations. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. The request for Physical Therapy 2 times a week for 3 weeks Lumbar Spine and Bilateral Shoulders IS NOT medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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, MRI.

Decision rationale: The 514 pages of medical records provided for this review, from 2/06/2013 through 11/18/14, did not contain the 11/7/14 physiatry report that discusses the requested items. There are reports from 2013 that state the patient had a cervical MRI(2/06/2013) that showed disc degeneration and foraminal narrowing and led up to a cervical epidural injection. The injection was on 6/17/13 and bilateral at C5/6. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 "Neck and Upper Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg. 177-178 states: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). MTUS/ACOEM do not discuss repeat cervical MRIs, so ODG guidelines were consulted. ODG states these are reserved for a significant change in symptoms. Based on the records provided for this review, it is not clear if the patient had any change in cervical symptoms since the last MRI from 2013. There are no current reports showing a cervical spine physical examination and no current reports provided that document subjective cervical pain. The request for the repeat cervical MRI without

documentation of change in symptoms is not in accordance with the guidelines. The request for MRI of the Cervical Spine IS NOT medically necessary.