

Case Number:	CM15-0010391		
Date Assigned:	01/29/2015	Date of Injury:	11/04/2010
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/19/2015

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 36 year old male who sustained an industrial injury on 11/4/10. The injured worker reported symptoms in the right shoulder and neck. The diagnoses included low back pain. Treatments to date have included therapy, massages, and oral pain medications. PR2 dated 11/25/14 noted the injured worker presents with "right shoulder and back pain...associated symptoms include numbness and tingling, headaches and weakness". The treating physician is requesting physical therapy focusing on the right shoulder and neck, right, 2 x 6 weeks, total quantity of 12 and magnetic resonance imaging of the cervical spine without contrast. On 1/14/15, Utilization Review non-certified a request for physical therapy focusing on the right shoulder and neck, right, 2 x 6 weeks, total quantity of 12 and magnetic resonance imaging of the cervical spine without contrast. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with bilateral shoulder and neck pain with numbness and tingling to the right hand digits number one through three. The request is for 12 PHYSICAL THERAPY SESSIONS FOCUSING ON THE RIGHT SHOULDER AND NECK. Patient is status post Right shoulder surgeries, 03/05/12 and 12/08/12. Physical examination on 12/16/14 to cervical spine revealed muscle spasticity to the musculature and at the right trapezius muscle. EMG/NCS of the upper extremities on 09/18/12 was negative for radiculopathy or peripheral nerve changes. MRI of the cervical spine on 06/04/13 revealed a small disc bulge at C3-4 and C5-6. Patient has trialed and failed Stellate Ganglion Block, TENS unit, acupuncture treatment and 10 sessions of physical therapy. Per 12/16/14 progress report, patient's medications include Fexmid, Tramadol, Naproxen, Omeprazole DR, Flector 1.3% Patch, Quazepam, Cyclobenzaprine and Norco. Patient is to remain off duty until 01/07/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Based on the medical records provided, patient's EMG/NCS of the upper extremities on 09/18/12 was negative for radiculopathy or peripheral nerve changes. Furthermore, patient had MRI of the cervical spine on 06/04/13. There are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.

12 Physical Therapy Sessions, Focusing on the Right Shoulder and Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG)- Shoulder, Neck and Upper Back (Acute & Chronic)

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

Decision rationale: The patient presents with bilateral shoulder and neck pain with numbness and tingling to the right hand digits number one through three. The request is for 12 PHYSICAL THERAPY SESSIONS FOCUSING ON THE RIGHT SHOULDER AND NECK. Patient is status post Right shoulder surgeries, 03/05/12 and 12/08/12. Physical examination on 12/16/14 to

cervical spine revealed muscle spasticity to the musculature and at the right trapezius muscle. EMG/NCS of the upper extremities on 09/18/12 was negative for radiculopathy or peripheral nerve changes. MRI of the cervical spine on 06/04/13 revealed a small disc bulge at C3-4 and C5-6. Patient has trialed and failed Stellate Ganglion Block, TENS unit, acupuncture treatment and 10 sessions of physical therapy. Per 12/16/14 progress report, patient's medications include Fexmid, Tramadol, Naproxen, Omeprazole DR, Flector 1.3% Patch, Quazepam, Cyclobenzaprine and Norco. Patient is to remain off duty until 01/07/15. 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 over 4 weeks are recommended." The request is for 12 physical therapy sessions for the right shoulder and neck. UR letter dated 01/14/15 has modified the request to 6 sessions, stating that the patient has reportedly had a full course of physical therapy and has been instructed in a home exercise program. The request for 12 sessions of physical therapy would exceed guideline recommendation. Therefore, the request IS NOT medically necessary.