

Case Number:	CM15-0015876		
Date Assigned:	02/03/2015	Date of Injury:	06/11/2014
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 30 year old female, who sustained an industrial injury on 06/11/2014. She has reported subsequent neck and upper extremity pain and was diagnosed with cervical intervertebral disc, cervical radiculitis and cervical disc displacement. Treatment to date has included oral pain medication, application of heat and ice, rest and physical therapy. MRI of the cervical spine was performed on 07/31/2014 and results showed no evidence of posterior disc bulge, protrusion or herniation but did note the presence of pericarotid and submandibular lymph nodes. In a progress note dated 12/05/2014, the injured worker complained of neck and left shoulder pain. Objective physical examination findings were notable for tenderness to palpation of the trapezial area, restricted range of motion of the cervical spine and decreased sensation to light touch over the C5-C6 dermatomes. A request for authorization of MRI of the cervical spine and 12 sessions of physical therapy was made. On 01/27/2015, Utilization Review non-certified a request for MRI of the cervical spine, noting that there is no evidence of failure of conservative treatment or red flags and modified a request for physical therapy of the cervical spine, lumbar spine and left upper extremity from 12 visits to 6 visits, noting that evidence of objective functional improvement must be seen prior to approving additional physical therapy visits. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Cervical Spine, Lumbar Spine and left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Based on the 01/13/15 progress report provided by treating physician, the patient presents with cervical spine pain rated 8/10, low back pain rated 7/10, left shoulder pain rated 8/10 and left elbow pain rated 7/10. The request is for PHYSICAL THERAPY TO CERVICAL SPINE LUMBAR SPINE AND LEFT UPPER EXTREMITY. Patient's diagnosis per Request for Authorization form dated 07/08/14 included left sprain shoulder/arm, left contusion shoulder and sprain of neck. Diagnosis on 01/13/15 included cervical discopathy/radiculopathy left upper extremity, cervicgia and lumbar discopathy. The patient is working light duty with restrictions. 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 01/13/15, treater states "the patient will be referred for a course of physical therapy for the cervical and lumbar spine and left upper extremity at a rate of three times a week for four weeks. The course, scope, frequency and duration of treatment will be determined via correspondence between the therapist and myself..." Given patient's diagnosis, a short course of physical therapy would be indicated. However, the request for 12 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.

MRI of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177.

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 chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

Decision rationale: Based on the 01/13/15 progress report provided by treating physician, the patient presents with cervical spine pain rated 8/10. The request is for MRI OF THE CERVICAL SPINE. Patient's diagnosis per Request for Authorization form dated 07/08/14 included left sprain shoulder/arm, left contusion shoulder and sprain of neck. Diagnosis on 01/13/15 included cervical discopathy/radiculopathy left upper extremity, and cervicgia. Physical examination to the cervical spine on 01/13/14 revealed palpable paravertebral tenderness with spasm, limited range of motion with pain and positive Spurling's maneuver. The patient is working light duty with restrictions. 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. In requesting MRI of the cervical spine, treater has quoted guidelines stating "diagnostic test is necessary when the patient has had cervical spine pain with arm pain/ numbness lasting longer than 4-6 weeks." It would appear that this MRI was obtained on 7/31/14 without authorization as the RFA is dated 7/8/14. Given the patient's radiating symptoms, failure to improve with conservative care, an MRI of C-spine was reasonable and consistent with the guidelines. ODG supports an MRI for significant neurologic signs and symptoms. The request WAS medically necessary.