

Case Number:	CM15-0110919		
Date Assigned:	06/17/2015	Date of Injury:	01/20/2015
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Family Practice

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 45-year-old female, who sustained an industrial injury on January 20, 2015. The injured worker reported back pain due to a fall. The injured worker was diagnosed as having arm pain, lumbar strain and upper back pain. Treatment to date has included physical therapy and topical and oral medication. A progress note dated February 3, 2015 provides the injured worker complains of back and shoulder pain with radiation to the legs and occasionally the hand. She rates the pain 7-8/10. Physical exam notes normal gait, cervical paraspinal and trapezius tenderness. There is thoracic, lumbar and sciatic notch tenderness and diffuse tenderness to light touch of the entire back. There is a request for cervical magnetic resonance imaging (MRI), physical therapy, orthopedic follow-up and follow-up.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, indications for imaging, MRI.

Decision rationale: This patient receives treatment for chronic neck, upper back, and low back pain. This patient receives treatment with opioids. This relates back to a work-related injury on 01/20/2015. This review addresses a request for an MRI of the cervical spine. The documentation does not record any radicular symptoms or confirming physical findings. There are no clinical "red flags," such as signs of osteomyelitis, primary or metastatic tumors, new traumatic injuries with neck instability or other factors. A cervical MRI is not medically necessary.

Physical therapy x 8 for the neck/back: Overturned

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

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

Decision rationale: This patient receives treatment for chronic neck, upper back, and low back pain. This patient receives treatment with opioids. This relates back to a work-related injury on 01/20/2015. This review addresses a request for PT x8 for neck/back. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. The physical therapy sessions ought to be faded and then replaced by a home exercise program. Physical therapy sessions are medically necessary.