

Case Number:	CM15-0114975		
Date Assigned:	06/23/2015	Date of Injury:	06/23/2011
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 57 year old female, who sustained an industrial injury on 6/23/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic cervical strain with 3mm disc bulge and bilateral upper extremity radicular pain and numbness. Treatment to date has included unspecified physical therapy, massage, transcutaneous electrical nerve stimulation unit, and medications. Per the only progress report submitted (incomplete and undated), the injured worker complains of pain in her neck, mid and low back, and bilateral shoulders. Her pain was rated 6/10 and was rated the same as last month, with slight improvement with physical therapy and massage. She reported that she did have more range of motion and less pain two days after those sessions. She was taking Tramadol and Flexeril, reducing her pain to 3/10. She was currently not working. Exam of the cervical spine noted tenderness over the paraspinals and hypertonicity to the trapezius muscles, right greater than left. There was decreased strength and sensation at 4+/5 bilaterally at C5-8. Deep tendon reflexes were 2+ at brachioradialis and triceps. Exam of the bilateral shoulders revealed slightly decreased range of motion and tenderness over the acromioclavicular joint. There was tenderness and hypertonicity to the trapezius muscles, right greater than left. A progress report detailing the treatment recommendation for physical therapy (2x4), acupuncture (2x4), and magnetic resonance imaging of the cervical spine was not noted. Progress notes from previous therapy sessions were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses (according to the request for authorization) are chronic cervical strain with a 3 mm disc bulge; bilateral upper extremity radicular pain and numbness; lumbar disc bulge 3 mm; and bilateral lower extremity radicular pain. The medical record contains 26 pages and a partial progress note that is undated. The progress note contains one page with subjective and objective clinical symptoms and signs. Subjectively, the injured worker has neck, mid and low back pain and bilateral shoulder pain. The injured worker improved with physical therapy and massage. The worker is not currently receiving physical therapy. Objectively, there is tenderness to palpation. There was no clinical indication or rationale for treatment plan in the medical record. There was no documentation of prior physical therapy or physical therapy progress notes demonstrating objective functional improvement. Consequently, absent clinical documentation with a clinical indication and rationale for physical therapy, total number of physical therapy sessions to date and progress notes demonstrating objective functional improvement, physical therapy cervical spine two times per week times four weeks is not medically necessary.

Acupuncture for the cervical spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture therapy.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture for the cervical spine two times per week times four weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement,

a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses (according to the request for authorization) are chronic cervical strain with a 3 mm disc bulge; bilateral upper extremity radicular pain and numbness; lumbar disc bulge 3 mm; and bilateral lower extremity radicular pain. The medical record contains 26 pages and a partial progress note that is undated. The progress note contains one page with subjective and objective clinical symptoms and signs. Subjectively, the injured worker has neck, mid and low back pain and bilateral shoulder pain. The injured worker improved with physical therapy and massage. The worker is not currently receiving physical therapy. Objectively, there is tenderness to palpation. There was no clinical indication or rationale for treatment plan in the medical record. There was no documentation of prior acupuncture or acupuncture treatment notes demonstrating objective functional improvement. Consequently, absent clinical documentation with a clinical indication and rationale for acupuncture treatment, acupuncture for the cervical spine two times per week times four weeks is not medically necessary.

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, Indication for imaging.

MAXIMUS 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 (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI of the cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. 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). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses (according to the request for authorization) are chronic cervical strain with a 3 mm disc bulge; bilateral upper extremity radicular pain and numbness; lumbar disc bulge 3 mm; and bilateral lower extremity radicular pain. The medical record contains 26 pages and a partial progress note that is undated. The progress note contains one page with subjective and objective

clinical symptoms and signs. Subjectively, the injured worker has neck, mid and low back pain and bilateral shoulder pain. Objectively, there is tenderness to palpation. The injured worker improved with physical therapy and massage. The worker is not currently receiving physical therapy. Objectively, there is tenderness to palpation. There was no clinical indication or rationale for treatment plan in the medical record for an MRI cervical spine. There were no unequivocal objective findings that identify specific nerve compromise. The 26 page medical record does not indicate whether a prior MRI cervical spine was performed. There were no red flags documented in the medical record. Consequently, absent clinical documentation with unequivocal objective findings identifying specific nerve compromise, additional documentation indicating whether a prior MRI was performed and red flags, MRI of the cervical spine is not medically necessary.