

Case Number:	CM15-0174114		
Date Assigned:	09/15/2015	Date of Injury:	04/04/2007
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic neck pain with derivative complaints of headaches reportedly associated with an industrial injury of April 4, 2007. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy, cervical MRI imaging, and trigger point injections. The claims administrator referenced an August 3, 2015 RFA form and an associated July 31, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated September 29, 2015, the applicant's treating provider stated that the applicant had ongoing complaints of axial and radicular neck pain complaints. The requesting provider contended that the applicant's pain complaints had worsened and it was therefore reasonable for the applicant to undergo a repeat MRI. The requesting provider also stated that the applicant would benefit from formal physical therapy on the grounds that earlier home exercises had proven ineffectual. The requesting provider was a physician assistant (PA) associated with pain management practice, it was acknowledged. There was no mention of how the proposed MRI would influence or alter the treatment plan. The applicant's work status was not reported via this appeal letter. There was no seeming mention of the trigger point injection also at issue. On August 28, 2015, the applicant reported ongoing complaints of neck pain. The applicant received Botox injections to the same, it was reported. 8/10 pain complaints with right upper extremity numbness was reported. 5-/5 upper extremity strength was appreciated on exam versus 5/5 about the left upper extremity. Cervical MRI imaging was sought. Additional physical therapy was also endorsed. Repeat Botox injections were again proposed. The

applicant's medication list included Motrin. The applicant's work status was not reported. On July 31, 2015, the applicant reported worsening complaints of neck pain. The applicant was on Motrin for pain relief, it was reported. Earlier cervical MRI imaging of January 2011 was notable for multilumbar degenerative changes of uncertain clinical significance. The applicant also had alleged weakness of the right upper extremity. 8/10 neck pain radiating to the right arm was reported. The applicant exhibited 5-/5 right upper extremity strength versus 5/5 left upper extremity strength. A trigger point injection was sought. Once again, the applicant's work status was not reported. On August 15, 2014, the applicant was again described as having ongoing complaints of neck pain radiating to the right arm with right upper extremity paresthesias and headaches. 5-/5 right upper extremity versus 5/5 left upper extremity was again reported. Cervical MRI imaging was sought on this date.

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 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 12 sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not reported on multiple office visits and appeal letters, referenced above, including notes dated September 29, 2015, August 28, 2015, and July 31, 2015, suggesting that the applicant was not, in fact, working. Heightened pain complaints were reported. The applicant remained dependent on various other forms of medical treatment to include medications such as Motrin, trigger point injections, and Botox injections, it was reported on multiple occasions. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for MRI imaging of the cervical spine was, likewise, not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, multiple progress notes and appeal letters, referenced above, including notes dated September 29, 2015, August 28, 2015, and July 31, 2015 made no mention of the applicant's willingness to consider any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. While the attending provider did report ongoing complaints of neck pain radiating to the right arm and alleged 5-/5 right upper extremity strength, these reports appeared to be chronic and longstanding phenomenon, present as early as historical progress note of August 15, 2014. There was no mention of how (or if) the proposed cervical MRI will influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the same. The fact that the requesting provider was a physician assistant (PA) associated with a pain management practice (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Finally, the request for a trigger point injection was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are deemed "not recommended" in the radicular pain context present here. Multiple office visits, referenced above, including notes dated August 15, 2014, July 31, 2015, and August 28, 2015 all strongly suggested that the applicant had ongoing, longstanding right upper extremity radicular pain complaints, arguing against the need for the trigger point injection at issue. Therefore, the request was not medically necessary.