

Case Number:	CM15-0073612		
Date Assigned:	04/23/2015	Date of Injury:	03/04/2002
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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 53 year old male who sustained an industrial injury on 03/04/2002. Diagnoses include status post cervical trauma with odontoid fracture requiring cervical fusion at C1-2 on 11/26/2002, status post hardware removal in 02/2005 with residual, status post attempted removal of hardware in 10/11/2010, slight right C6 radiculopathy, bilateral wrist, hand, forearm and elbow tendinitis and strain with bilateral carpal tunnel syndrome, status post left carpal tunnel release on 11/10/2006, and 08/02/2011, and status post right carpal tunnel release on 02/21/2013, bilateral shoulder strain with impingement, status post left shoulder surgery on 09/17/2003, and 03/01/2007, status post right shoulder arthroscopy on 12/23/2010, and revision right shoulder surgery 12/15/2011 and again on 08/28/2012, urinary urgency and incontinence due to cervical myelopathy, insomnia due to chronic pain, chronic pain syndrome, bilateral knee pain, gastrointestinal upset due to pain medications, and depression. Treatment to date has included diagnostic studies, medications, diagnostic blocks, muscle stimulator, physical therapy, Thermacare heat patches, and steroid injections. A physician progress note dated 03/20/2015 documents the injured worker continues to have significant pain in the cervical area with decreased range of motion. He has severe bilateral knee pain and is having difficulty with activities of daily living such as getting dressed and taking a shower. He has neck pain with radiation to the right upper extremity and hand, bilateral shoulder pain-status-post surgeries, bilateral wrist, hand and elbow pain, left greater than right, headaches, urinary urgency and incontinence, sleep difficulty, intermittent numbness and tingling in both hands, depression due to chronic pain, sexual dysfunction with erectile difficulty and pain ejaculations, and fall due to

leg incoordination. His pain is rated as 7 out of 10 with medications, and without pain medicine pain would be 10 out of 10. Treatment requested is for CT cervical spine without contrast, and physical therapy evaluation/reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, CT.

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

Decision rationale: According to ACOEM Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause such as an MRI for neural or other soft tissue, and CT for bony structures. In this case, the injured worker is diagnosed with chronic non-united type II odontoid fracture. Neurosurgical evaluation was approved and updated studies have been requested due to worsening of symptoms. The medical records note that the last imaging of the cervical spine was performed 8 months ago which consisted of an MRI. At this juncture, given the diagnosis of chronic non-united type II odontoid fracture and worsening symptoms, the request for Computed tomography (CT) is medically necessary and appropriate.

Physical Therapy evaluation/re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the injured worker is far into the chronic phase of injury and the request for physical therapy in the absence of re-injury or

exacerbation is not supported. In addition, the examination narrative has not indicated that physical therapy is being sought. The request for physical therapy evaluation is therefore not supported. The request for Physical therapy evaluation/re-evaluation is not medically necessary and appropriate.