

Case Number:	CM15-0076924		
Date Assigned:	04/28/2015	Date of Injury:	12/03/2010
Decision Date:	07/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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, 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 66-year-old female, who sustained an industrial injury on 12/3/2010. She reported injury with a fall from a desk. The injured worker was diagnosed as having depressive disorder, panic disorder and cognitive disorder due to traumatic brain injury. There is no record of a recent diagnostic study. Treatment to date has included biofeedback and medication management. In progress notes dated 7/16/2014 and 9/19/2014, the injured worker complains of neck pain stress, anxiety and sleep disorder. The treating physician is requesting 12 physical therapy sessions, electromyography (EMG) /nerve conduction study for the bilateral upper extremities and cervical spine, consultation with internal medicine specialist and a neurology consultation. The medication list includes Norco, Wellbutrin, Ambien, Xanax and Warfarin. A recent detailed clinical evaluation note of treating physician was not specified in the records. According to peer review note on 3/27/15 patient had complaints of pain in cervical region with numbness, tingling and radiation in bilateral upper extremities. Physical examination of the cervical region Revealed tenderness on palpation, muscle spasm and positive Spurling test. Per the doctor's note, dated 6/16/14 patient had complaints of chest pain on emotional stress and relieved with rest and neck pain. The patient has had headache, decreased vision at night, and high blood pressure. Physical examination revealed normal findings of neck and extremities and normal neurological examination. The patient has had normal vitals and normal cardiovascular examination without any murmur. The patient has had MRI of brain on 4/21/10 that revealed minimal bihemisphere small vessel white matter disease. The patient has had coronary angiogram that revealed coronaries were clean. The patient has had cardiologist consultation in

2008 with echocardiogram that revealed MVP mitral valve prolapse. The patient has had normal ECG on 12/3/10 and normal CT scan of brain. The patient's surgical history includes cervical cancer surgery in 1965 and Jaw surgery in 1990. The patient has had history of suicidal attempt in February 2013. Patient has received an unspecified number of PT and psychotherapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation and Treatment for the Cervical Spine (12-sessions, 3 times a week for 4 weeks): Upheld

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

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

Decision rationale: The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current physical therapy evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes were not specified in the records provided. According to the guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request is not fully established for this patient. Therefore, the request is not medically necessary.

EMG/NCS with a Neurologist for the Bilateral Upper Extremities and Cervical Spine:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the ACOEM Practice Guidelines, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-

week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. In this case, the patient reported injury with a fall from a desk. According to peer review note on 3/27/15 patient had complaints of pain in cervical region with numbness, tingling and radiation in bilateral upper extremities. Physical examination of the cervical region revealed tenderness on palpation, muscle spasm and positive Spurling test. The patient could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electro-diagnostic studies to find out the exact cause of the neurological symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and would also help to identify the level at which nerve root impingement may be occurring. This information would guide further management. Therefore, the request is medically appropriate and necessary for this patient at this time.

Consultation with an Internal Medicine Specialist for Cardiac Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations.

Decision rationale: According to the ACOEM Practice Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. There is no record of a recent diagnostic study. Any recent detailed clinical evaluation note of treating physician was not specified in the records. Per the doctor's note, dated 6/16/14 patient had complaints of chest pain on emotional stress and it was relieved with rest. Physical examination revealed normal findings of neck and extremities and normal neurological examination. The patient has had normal vitals and normal cardiovascular examination without any murmur. The patient has had coronary angiogram that revealed coronaries were clean. The patient has had cardiologist consultation in 2008. The patient has had normal ECG on 12/3/10. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the Consultation with an internal medicine specialist for cardiac evaluation was not specified in the records provided. A detailed rationale for the Consultation with an internal medicine specialist for cardiac evaluation was not specified in the records provided. Any evidence of abnormal vital signs including pulse and blood pressure was not specified in the records provided. The medical necessity of the request for Consultation with an internal medicine specialist for cardiac evaluation is not fully established for this patient. Therefore, the request is not medically necessary.

Consultation with Neurologist for the Head: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations.

Decision rationale: According to the ACOEM Practice Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient reported injury with a fall from a desk. The injured worker was diagnosed as having depressive disorder, panic disorder and cognitive disorder due to traumatic brain injury. Treatment to date has included biofeedback and medication management. In progress notes dated 7/16/2014 and 9/19/2014, the injured worker complains of neck pain stress, anxiety and sleep disorder. The medication list includes Norco, Wellbutrin, Ambien, Xanax and Warfarin. According to peer review note on 3/27/15 patient had complaints of pain in cervical region with numbness, tingling and radiation in bilateral upper extremities. Physical examination of the cervical region revealed tenderness on palpation, muscle spasm and positive Spurling's test. The patient has had headache, decreased vision at night, and high blood pressure. The patient has had MRI of brain on 4/21/10 that revealed minimal bihemisphere small vessel white matter disease. The patient has had history of suicidal attempt in February 2013. The patient has received an unspecified number of PT and psychotherapy visits for this injury. Therefore this a complex case and the management of this case would be benefited by consultation with a neurologist. The request is medically necessary and appropriate for this patient.