

Case Number:	CM15-0094669		
Date Assigned:	05/20/2015	Date of Injury:	12/31/2014
Decision Date:	06/30/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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
 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 39 year old male, who sustained an industrial injury on 12/31/2014. He reported multiple injuries after a slip resulting in hitting the left side lower back with acute onset of pain. Diagnoses include lumbago and lumbar sprain/strain. Treatments to date include anti-inflammatory, analgesic, and physical therapy. Currently, he complained of pain and stiffness to the low back with radiation to the left leg, left shoulder, right shoulder, and bilateral knees. On 4/8/15, the physical examination documented tenderness to cervical and lumbar spine with muscle spasms noted. There is a positive straight leg raise test. There was decreased sensation over the left leg. The shoulders were tender with bilaterally positive Hawkin's sign. There was tenderness to both knees with pain upon Valgus and Varus tests. The plan of care included physical therapy once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with kinetic activities 1wk x 6wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment, ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present Physical Therapy (PT) guidelines; patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's initial comprehensive report dated 1/8/15 documented a request for physiotherapy 2-3 times per week for 6 weeks. The PT physical therapy initial report dated 2/26/15 documented a PT examination. The PT physical therapy progress reports document that the patient was a "no show" for the 1/6/15 and 1/8/15 visits. The progress report dated 4/8/15 documented a request for physical therapy x 6. No functional improvement with past physical therapy was documented. Without documented functional improvement with past physical therapy, the request for additional physical therapy visits is not supported by MTUS guidelines. Therefore, the request for physical therapy is not medically necessary.

MRI cervical spine #1: Upheld

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): 177-179 and 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (pages 181- 183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The progress report dated 4/8/15 documented subjective complaints of neck pain. Physical examination demonstrated tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. There are muscle spasms of the cervical paravertebral muscles and bilateral trapezii. Motor strength is 5+/5 bilaterally in the upper extremities. Deep tendon reflexes are normal and equal bilaterally. The range of motion of the cervical spine was not documented. No X-ray radiography was documented in the 4/8/15

progress report. No neurologic deficits associated with the cervical spine were documented. The 4/8/15 progress report does not establish the medical necessity of cervical spine magnetic resonance imaging. Therefore, the request for MRI of the cervical spine is not medically necessary.