

Case Number:	CM14-0150137		
Date Assigned:	09/18/2014	Date of Injury:	08/09/2005
Decision Date:	11/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 35-year-old male with a 8/9/05 date of injury. At the time (6/14/14) of request for authorization for magnetic resonance imaging (MRI) of the cervical spine and 18 Physical therapy sessions, there is documentation of subjective (increased neck pain with pain and spasm) and objective (decreased range of motion, tenderness over the trapezius with tightness, and left grip weakness) findings, current diagnoses (sprain of neck), and treatment to date (medications and chiropractic therapy). Regarding MRI, there is no documentation of red flag diagnoses where plain film radiographs are negative; and failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) Guidelines identifies

documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an magnetic resonance imaging (MRI). Within the medical information available for review, there is documentation of a diagnosis of sprain of neck. In addition, given documentation of subjective (increased neck pain with pain and spasm) and objective (left grip weakness) findings, there is documentation of physiologic evidence of tissue insult or neurologic dysfunction. However, there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, given an associated request for 18 Physical therapy sessions, there is no documentation of failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.

18 Physical therapy sessions: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Physical therapy (PT)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of neck not to exceed 10 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of sprain of neck. However, the requested 18 Physical therapy sessions would exceed guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for 18 Physical therapy sessions is not medically necessary.