MAXIMUS Federal Services

Case Number:	CM13-0010924		
Date Assigned:	09/23/2013	Date of Injury:	05/23/2012
Decision Date:	01/23/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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:

The patient is a 51 YO, male with a date of injury of 05/23/2012. The patient has diagnoses of cervical radiculopathy, lumbar radiculopathy, brachial neuritis/radiculitis, and cervical facet syndrome. The patient is status post C7-T1 ESI (05/08/2013). [redacted] report, dated 06/21/2013, shows on examination a restricted range of motion (ROM) and tenderness at the paracervical muscles, rhomboids and trapezius. Spurling's maneuver caused pain around the muscles of the neck radiating to upper extremity. Recommendation is for 12 physical therapy sessions to target the neck. Utilization Review (UR) modified the approval for 6 of the 12 requested sessions. In subsequent report dated 07/19/2013, [redacted] (for [redacted]) requests 12 physical therapy sessions for the neck to focus on ROM and stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6, neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The employee has diagnoses of cervical radiculopathy, lumbar radiculopathy, brachial neuritis/radiculitis, and cervical facet syndrome. The employee is status post C7-T1 epidural steroid injection (ESI) (05/08/2013). The employee patient was authorized for 6 physical therapy sessions following the ESI; 3 of the 6 sessions were reported in the medical file dating 07/10/2013, 07/12/2013 and 07/24/2013. Medical records show that the employee's prior therapy for 12 sessions were from 12/13/2012 to 1/29/13. The employee had received 15 physical therapy (PT) sessions through 7/24/13, with another three authorized, totaling 18. The treating physician is asking for additional PT of 2x6 (12). However, the MTUS guidelines allow for 8-10 sessions over 4 weeks for neuralgia and neuritis type of conditions that this employee suffers from. The notes do not indicate a new injury, change in diagnosis or significant flare-up with functional decline to consider additional therapy outside of what is recommended by the MTUS guidelines. Additionally, the MTUS guidelines, pg. 8, indicate that the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The MTUS guidelines on pgs. 98-99, regarding physical medicine recommends an allowance for the fading of PT frequency, plus active self-directed, home exercises and stretching. Recommendation is for denial.