MAXIMUS Federal Services

Case Number:	CM13-0022688		
Date Assigned:	11/13/2013	Date of Injury:	09/30/1999
Decision Date:	01/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family Practice, 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 48-year-old female with a date of occupational injury of 09/30/1999. The patient's mechanism of injury was throwing a tie down over a load and subsequently injuring her low back and neck. The patient subsequently underwent fusion of C5-6 in 2001 and a second surgery with revision of fusion at C5-6 and disc replacement at C6-7 on 12/08/2008. The patient's treatment history has included both traditional and aquatic therapy as well as an elbow injection done in 05/2011. The patient has had trigger point injections and epidural steroid injections as well. According to the most recent documentation submitted for review from 10/03/2013, the patient presents for follow-up with complaints of moderately severe neck pain, bilateral shoulder pain, bilateral arm pain, and bilateral upper and mid back pain. The patient indicates that her pain score without medications is a 9/10 in severity and with medication is a 6/10 in severity. The patient's medications include Tizanidine 4 mg, Axid 150 mg, Topamax 200 mg, Norco 10 mg, Nucynta ER 200 mg, Diclofenac Sodium 3% cream, Amitiza 24 mcg, Isosorbide Mononitrate 60 mg, Cymbalta 60 mg, and Xanax 0.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Spine: Upheld

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

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

Decision rationale: CA MTUS states that physical medicine with passive therapy 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. 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. While the documentation submitted for review from 10/03/2013 does indicate that the patient has ongoing complaints of neck pain secondary to failed back surgery syndrome, there is also evidence in the file to indicate that the patient has completed a recent course of physical therapy as recently as 07/2013. Guidelines state many injured worker require little treatment and their pain will be self-limited. Others will have persistent pain, but can be managed with straightforward interventions and do not require complex treatment. However, for patients with more complex or refractory problems, a comprehensive multi-disciplinary approach to pain management that is individualized, functionally oriented, and goal specific has found to be the most effective treatment approach. Given that the patient has documentation of recently completed physical therapy with ongoing subjective complaints of neck pain and low back pain and a lack of objective documentation presented with the most recent documentation, additional treatment with physical therapy cannot be supported at this time. As such, the request for Physical Therapy Spine cannot be supported and is therefore non-certified.