

Case Number:	CM13-0030748		
Date Assigned:	11/27/2013	Date of Injury:	01/28/2005
Decision Date:	11/06/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine 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 63-year-old female with a 1/28/05 date of injury. At the time (9/23/13) of request for authorization for outpatient (PT) to the cervical spine two times per week over six weeks, there is documentation of subjective (increased overall activity function of 50% status post bilateral cervical rhizotomies C3-6) and objective (decreased paraspinal tenderness bilaterally, improved range of motion in all planes, moderate tightness in trapezius bilaterally) findings, current diagnoses (cervicalgia, other syndromes affecting cervical region), and treatment to date (medications, chiropractic, home exercise, activity modification, epidural steroid injection, rhizotomy 9/11/13 and physical therapy). 9/11/13 medical report identifies patient is inquiring about starting physical therapy now that she is in much less pain since having the recent rhizotomy, and that prior physical therapy was non-efficacious due to the severity of pain the patient was having in the cervical spine. There is no documentation of functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient (PT) to the Cervical Spine two times per week over six weeks: Upheld

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

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 and Upper Back, Physical Therapy.

Decision rationale: 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervicgia not to exceed 9 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 diagnoses of cervicgia, other syndromes affecting cervical region. In addition, there is documentation that prior physical therapy was non-efficacious due to the severity of pain the patient was having in the cervical spine. However, despite documentation of moderate tightness in trapezius bilaterally, there is no documentation of functional deficits. In addition, given that the request is for outpatient (PT) to the cervical spine two times per week over six weeks, the proposed number of visits exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for outpatient (PT) to the cervical spine two times per week over six weeks is not medically necessary.