

Case Number:	CM13-0031272		
Date Assigned:	01/15/2014	Date of Injury:	06/03/2013
Decision Date:	03/25/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 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 applicant is a [REDACTED] employee, who has filed a claim for neck pain reportedly associated with an industrial injury of June 3, 2013. Thus far, the applicant has been treated with the following: analgesic medications; MRI (magnetic resonance imaging) of the cervical spine of October 8, 2013, notable for multilevel low-grade disk protrusions of uncertain clinical significance; muscle relaxant, including Flexeril; adjuvant medications, including Neurontin; initial removal from workplace; and subsequent return to modified work. In a Utilization Review Report of September 17, 2013, the claims administrator denied a request for six sessions of physical therapy. It was stated that this represented initial physical therapy request on an August 5, 2013 in the Utilization Review Report. The claims administrator, in rationale, however, stated that this request represented request for six additional physical therapy treatments and denied the same. In a physical therapy progress note of September 9, 2013, it is stated that this visit represents the applicant's sixth visit with the start-of-care date of August 1, 2013. In a doctor's first report of July 23, 2013, the attending provider did seemingly place the applicant on modified duty work and apparently requested six sessions of initial physical therapy through a request for authorization (RFA) form dated August 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 2x3 (6 PT) :FRA dated 08/05/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Medicine topic

Decision rationale: The MTUS Guideline in ACOEM Chapter 8 does not address the topic of physical therapy duration for acute cervical spine strain injuries. As noted in the Official Disability Guidelines (ODG), a general course of 9 to 10 sessions of treatment is recommended for the diagnosis of nonspecific neck pain/cervical strain, as was reportedly present here. In this case, the applicant did present on the doctor's first report of July 23, 2013 with neck and shoulder complaints with associated tenderness and limited range of motion about the same. An initial course of six sessions of treatment was therefore indicated, appropriate, and consistent with the ODG, which, it is incidentally noted, further recommends initial delivery of care through a six-session clinical trial. For all of the stated reasons, then, the initial course of six sessions of physical therapy requested via request for authorization form dated August 5, 2013 was medically necessary, medically appropriate, and indicated here. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.