

Case Number:	CM13-0034445		
Date Assigned:	12/06/2013	Date of Injury:	10/08/2008
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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.

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 34-year-old female who reported a work related injury on 10/08/2008, specific mechanism of injury not stated. The patient currently presented with treatment of the following diagnoses, multilevel spondylosis with possible instability and cord compression primarily at the C4-5, no myelomalacia or myelopathic findings, chronic daily headache with tinnitus, pain disorder associated with psychological factors and general medical condition, left shoulder internal derangement status post Mumford procedure, labral repair and adhesive capsulitis, tinnitus, and gastroesophageal reflux disease (GERD). The clinical note dated 10/11/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient is utilizing acupuncture with some benefits for her cervical spine pain complaints. The patient was requesting palliative occipital blocks for headaches. The provider documented upon physical exam of the patient, painful decrease of cervical spine range of motion was noted with bilateral occipital tenderness and bilateral scalene tenderness. The provider documented in comparison with previous MRI at C6-7, there was less annular prominence pressing on the cord. The C5-6 disc disease was unchanged, the C4-5 disc protrusion impressing on the anterior cord was unchanged, and the C7 right sided lateral disc protrusion was less prominent. The provider documented the patient was to continue medication regimen which included Pristiq, Dexilant, and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy for the Cervical Spine, 2 times as week for 6 weeks, as an Outpatient:
Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with cervical spine pain complaints status post a work related injury sustained in 2008. Review of the clinical documentation indicates the patient had recently utilized 6 sessions of physical therapy for her cervical spine symptomatology. However, documentation of efficacy of treatment was not evidenced in the clinical notes reviewed as there were no physical therapy notes submitted. As the clinical notes failed to evidence significant objective findings of any functional deficits, the current request is not supported. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for 12 physical therapy visits for the cervical Spine, 2 times as week for 6 weeks, as an outpatient is not medically necessary or appropriate.