

Case Number:	CM13-0046431		
Date Assigned:	04/25/2014	Date of Injury:	08/07/2012
Decision Date:	06/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The patient is a 36 year old male who was injured on 8/7/2012. The diagnoses are headache and neck pain. There are associated diagnoses of mild depression with increase in somatization complaints. A psychology treatment program was recently approved. The radiological findings are mild degenerative disc disease of the cervical spine. The medications listed are Zanaflex for muscle spasm and Flector patch for pain. The patient noted a 50% reduction of pain with functional improvement following acupuncture treatment. Yoga exercise is currently helping. The patient had already completed 23 sessions of physical therapy. [REDACTED] and [REDACTED] noted that the patient reported an increase in right hand pain with no change in neck pain following the physical therapy treatments. The report did not specify or identify musculoskeletal deficits. A Utilization Review decision was rendered on 10/10/2013 recommending non certification of neck physical therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE NECK: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of active physical therapy in the treatment of chronic neck pain. Physical therapy is used to alleviate discomfort or pain, restore flexibility, increase strength, endurance, function and range of motion of the affected parts. The use of active treatment modalities such as exercise, education, activities modification and active physical therapy is associated with substantially better clinical outcomes than passive physical therapy modalities. The guideline recommends a progression to home exercise programs after completion of the initial physical therapy treatment. Additional physical therapy may be beneficial during acute exacerbation of chronic pain if there are documented beneficial effects of the prior physical therapy treatments. This patient reported worsening of the upper extremities pain with no improvement in the neck pain after completion of 23 physical therapy sessions. There are no documentation of musculoskeletal deficits that can be improved with physical therapy. The patient reported improvements with acupuncture and yoga exercise. The criteria for additional 2 times per week for 6 weeks of neck physical therapy was not met.