

Case Number:	CM13-0046776		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2012
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Interventional Spine 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 42-year-old female with date of injury on 12/07/2012. The progress report dated 09/30/2013 by [REDACTED] indicates that the patient's diagnoses include: cervical disk bulges with right C6 radiculopathy, right cervical and trapezius strain and myofascial pain. The patient underwent a C6 epidural steroid injection on 07/10/2013. The patient continues to experience residual pain at the right upper back and scapular region. It was noted that the patient had completed 4 sessions of physical therapy recently. The physical exam includes Spurling's test for his neck pain. Sensation to touch diminished at the right thumb. The muscle strength and reflexes grade 2/5 and symmetric at the upper extremities. According to the utilization review letter dated 10/09/2013, there was a request for an additional 8 sessions of physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional sessions of physical therapy to the cervical spine: Upheld

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

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

Decision rationale: The patient continues with neck and upper back pain with radicular symptoms into the upper extremities. The patient had undergone 4 sessions of physical therapy after an epidural injection at C6 dated 07/10/2013. The California MTUS Guidelines page 98, 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. Up to 10 sessions of physical therapy is recommended for neuralgia and neuritis and radiculitis. The request for the additional 8 sessions of physical therapy combined with the 4 physical therapy sessions the patient has recently undergone would equal 12 sessions of physical therapy which exceeds the recommended guidelines noted above. Therefore, recommendation is for denial.