

Case Number:	CM13-0049388		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2008
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/07/2013

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 Emergency Medicine and is licensed to practice in New York. 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 38-year-old female who was injured on November 19, 2008. The patient continued to experience intractable neck pain and headaches. Physical examination was notable for scalene tenderness and hypoesthesia in the left C8-T1 dermatome. MRI of the cervical spine reported a moderate-sized posterior disc protrusion at C5-6 impinging in the anterior subarachnoid space. Diagnoses included C5-6 disc herniation, lumbar spine sprain/strain, chronic pain syndrome, and possible posttraumatic left thoracic outlet syndrome. Treatment included physical therapy, medications, and acupuncture. All of these treatments failed to give the patient pain relief. Request for authorization for physical therapy for the neck twice weekly for 6 weeks was submitted for consideration.

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 Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, there was no objective evidence of functional improvement with prior physical therapy received by the patient. Repeat physical therapy is unlikely to be successful in obtaining analgesia. In addition, the request was for 8 treatments, which surpasses the six visits recommended for trial to determine if the treatments are improving the patient's condition. The request should not be authorized.