

Case Number:	CM13-0054079		
Date Assigned:	06/25/2014	Date of Injury:	05/04/2009
Decision Date:	08/22/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; various and sundry interventional spine procedure; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated October 10, 2013, the claims administrator denied a request for six sessions of physical therapy to the cervical spine. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS Official Disability Guidelines (ODG) and non-MTUS 2007 ACOEM Guidelines. The applicant's attorney subsequently appealed. The request for physical therapy was initiated via a request for authorization form dated September 9, 2013, at which point a TENS unit was also sought. In a progress note of the same date (September 9, 2013), the applicant presented with 3 to 8/10 neck pain. The applicant had apparently developed corneal scarring in the same industrial explosion injury. The applicant was depressed. It was acknowledged that the applicant had a total loss of vision about the left eye. A TENS unit, cervical pillow, Altracin topical ointment, Ibuprofen, and six sessions of physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine, 1 time weekly for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Online Edition) Chapter: Neck and Upper Back, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f. Page(s): 8, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9 to 10 sessions of treatment for myalgia and myositis of various body parts, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including a TENS unit, medications, topical creams, a cervical pillow, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts. No clear goals for further treatment have been outlined. Therefore, the request is not medically necessary.