

Case Number:	CM13-0063016		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2013
Decision Date:	03/31/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 applicant is represented [REDACTED] employee who has filed a claim for neck pain and posttraumatic headaches reportedly associated with an industrial injury of January 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reportedly normal CT scan of the head on the date of the injury; 18 sessions of physical therapy over the life of the claim, per the claims administrator; and extensive periods of time off of work. In a utilization review report of November 26, 2013, the claims administrator denied a request for biofeedback treatment, stating that the applicant had had 18 prior sessions of physical therapy with no documented benefit. The applicant's attorney subsequently appealed. A February 14, 2014 progress note is notable for comments that the applicant has failed conservative treatment and is now planning to pursue a cervical fusion surgery. A September 3, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability with ongoing complaints of neck pain radiating to the upper extremities. The applicant is asked to pursue eight additional sessions of physical therapy while remaining off of work. On October 29, 2013, the applicant was described as having issues with anxiety and depression. Additional physical therapy with a biofeedback component was seemingly requested, although the applicant remained off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT BIOFEEDBACK FOR DATED OF SERVICE 10/18/13, 10/21/2013, 10/23/2012 AND 10/30/2013 FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section 9792.2 Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f Page(s): 8, and 99.

Decision rationale: The applicant had already had prior treatment (18 sessions of physical therapy); seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. There has, however, been no demonstration of functional improvement, which would justify further treatment beyond the guideline. The applicant remains off of work, on total temporary disability. The applicant is apparently intent on pursuing a cervical fusion surgery. All of the above, taken together, imply that the prior 18 sessions of physical therapy were unsuccessful. Therefore, the request for additional physical therapy is retrospectively not certified, on independent medical review.