

Case Number:	CM13-0069167		
Date Assigned:	01/03/2014	Date of Injury:	03/24/2003
Decision Date:	04/17/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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, 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 50-year-old female who was injured on 03/24/2003 while she was hit by a ball on the head. Prior treatment history has included physical therapy. Progress note dated 05/08/2013 documented the patient to have complaints of right-sided neck and upper back pain. Over the last couple of months she has had increased symptoms after one of her students pulled on her neck. Objective findings on exam included she is tender right side C4-5 5-6, 6/7 has flexion and rotation range loss to the right. She is neurologically intact. She has tried exercise and anti-inflammatory medications but her symptoms have persisted. In the past she has had quite a bit of physical therapy and chiropractic care but would help to the most were the facet injections. Progress note dated 08/14/2013 documented "the patient returned today. I have not seen her for some time". The patient continues to have limitations in cervical extension and right rotation and continues to be tender over the facet joints above and below her fusion. Limited extension/rotation of motion. Neurologically intact. Current medications: 1) Lorazepam 1 mg. 2) Norco 10-325 mg. Per utilization review dated 11/26/2013, progress noted dated 08/21/2013 a request for cervical facet injections were denied by the insurance company. This was followed by course of physical therapy, the claimant receiving 7 treatments through 10/01/2013. Pain levels were noted to be 6/10. A request for additional 8 physical therapy treatments was submitted. Physical therapy was initiated on 09/09/2013. Progress note dated 09/12/2013 documented the patient's exam to be unchanged. Her clinical picture, examination findings and diagnostic findings indicate potential cervical facet pathology. Current medications: 1) Lorazepam 1 mg tablet. 2) Norco 10-325 mg. The diagnoses are: cervical spondylosis, cervical disc degeneration, and cervicgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for 8 sessions for the neck: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, physical therapy for chronic pain is recommended as a short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The medical records document the patient complaining of neck and upper back pain. Objective findings limitation of cervical extension and right rotation with tenderness over the facet joints above and below the fusion, the patient received previous 7 physical therapy treatments initiated on 09/09/2013 through 10/01/2013. Pain levels were noted to be 6/10. In the absence of documented physical therapy notes, reported myalgia, myositis, neuralgia, neuritis or radiculitis, showing objective functional gains, the request is not medically necessary according to the guidelines.