

Case Number:	CM14-0000598		
Date Assigned:	01/17/2014	Date of Injury:	01/08/2013
Decision Date:	06/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Preventive 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 January 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim, including at least 18 sessions of physical therapy over the life of the claim, per the claims administrator; muscle relaxants; and extensive periods of time off of work, on total temporary disability. In a utilization review report dated December 16, 2013, the claims administrator denied a request for eight additional sessions of physical therapy, stating that the applicant could be transitioned to a home exercise program and further stated the attending provider had not furnished clear goals for treatment. The claims administrator cited a variety of MTUS and non-MTUS Guidelines, including non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In an August 21, 2013 progress note, the applicant was described as having ongoing issues with neck and shoulder pain. The applicant was given diagnosis of cervical radiculitis and asked to pursue an epidural steroid injection with IV sedation. On April 16, 2013, the applicant's primary treating provider furnished the applicant with prescriptions for Flexeril, Prilosec, and Imitrex while keeping the applicant off of work, on total temporary disability. The applicant apparently remained off of work, on total temporary disability, on June 4, 2013. On September 3, 2013, the applicant is again described as reporting persistent neck pain. The applicant was again placed off of work, on total temporary disability and asked to pursuit both an epidural steroid injection and additional physical therapy. An October 1, 2013 note was again notable for comments that the applicant was again placed off of work. An additional eight-session course of physical therapy was endorsed through handwritten prescription dated October 14, 2013. The applicant was given refills of Flexeril, omeprazole, and tramadol on October 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Section..

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

Decision rationale: The applicant has already had prior treatment (eighteen sessions), seemingly well in excess of the eight to ten session course recommended in the Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. In this case, however, there has been no demonstration of functional improvement as defined in MTUS Definitions Index despite completion of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on multiple medications, including Naprosyn and Flexeril, and is apparently intent on pursuing epidural steroid injection therapy. All the above, taken together, imply that the earlier eighteen sessions of physical therapy were unsuccessful in terms of parameters established in MTUS Definitions Index. The request for eight additional sessions of physical therapy for the neck is not medically necessary or appropriate.