

Case Number:	CM14-0009490		
Date Assigned:	02/14/2014	Date of Injury:	05/12/2010
Decision Date:	07/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 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:

This is a 59-year-old male with a 5/12/10 date of injury. He had bent over to pick up a cord and felt a sudden pain to his neck. In a 12/30/13 progress note, the patient complained of left-sided low back pain. Medications helped temporarily. There was bilateral neck pain with radiation down to the hands rated at 6-8/10. The lower pain was rated a 6-7/10. There was also leg numbness and pain rated at 3-4/10. Objective findings: hypoesthesia over the C5 and L5 nerve root distributions, seated SLR test was positive bilaterally, cervical and lumbosacral ranges of motion were decreased. He has been authorized for a lumbar ESI but the patient has not scheduled it yet. Diagnostic impression: Cervical disc syndrome, Lumbar disc bulge with radiculitis Treatment to date: medication management, activity modification, cervical ESI on 7/19/13, physical therapy, chiropractic treatment A prior UR decision dated 1/9/14 denied the request for physical therapy 2x2 with core stabilization and cervical, deep cervical flexor, and shoulder decompression exercise program. The patient had previous physical therapy and the exact functional response to treatment was not mentioned. In addition, the patient had been authorized for a lumbar ESI but has not scheduled it. It is unclear why the patient must undergo physical therapy when an authorized injection has not been tried yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x2 with core stabilization and cervical deep cervical flexor, and shoulder decompression exercise program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (Physical Therapy Guidelines).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. A progress note dated 9/24/13 documents that there was a request for a short course of physical therapy for a flare-up of his chronic pain. A total of 2 physical therapy sessions were certified. There is no clear description of prior functional gains or improvements in activities of daily living from the prior physical therapy sessions. In addition, an ESI has been certified, however, the patient has not had this procedure done yet. Furthermore, there is no documentation that the patient has tried a home exercise program. Therefore, the request for Physical Therapy 2x2 With Core Stabilization And Cervical Deep Cervical Flexor, And Shoulder Decompression Exercise Program was not medically necessary.