

Case Number:	CM14-0011685		
Date Assigned:	02/21/2014	Date of Injury:	06/01/2011
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 48-year-old female who reported an injury on 06/01/2011. The mechanism of injury was not stated. Current diagnoses include chronic neck pain, degenerative disc disease in the cervical spine, possibility of cervical radiculopathy, chronic low back pain, and right shoulder adhesive capsulitis. The injured worker was evaluated on 12/21/2013. The injured worker reported persistent lower back and neck pain. Previous conservative treatment includes home exercise and TENS therapy. Physical examination revealed spasm in the cervical and lumbar paraspinal muscles, stiffness in the cervical spine, limited cervical range of motion, intact sensation in the bilateral upper extremities, tenderness in the cervical facet joints bilaterally, and intact sensation in the bilateral lower extremities. Treatment recommendations at that time included authorization for a TENS unit purchase and 6 sessions of physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X4-6 SESSIONS FOR THE NECK PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. As per the documentation submitted, the injured worker has previously participated in physical therapy for the cervical spine. However, there is no documentation of objective functional improvement that would warrant the need for ongoing physical therapy. As such, the request is not medically necessary and appropriate.

PHYSICAL THERAPY TIMES 4 SESSIONS FOR NECK PAIN (CAN ONLY REVIEW UP TO CA PT CAP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. As per the documentation submitted, the injured worker has previously participated in physical therapy for the cervical spine. However, there is no documentation of objective functional improvement that would warrant the need for ongoing physical therapy. As such, the request is not medically necessary and appropriate.

TENS UNIT PURCHASE NECK AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, the injured worker has previously utilized a TENS unit. However, there is no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. There is also no

evidence of a failure to respond to other appropriate pain modalities. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.