

Case Number:	CM14-0015120		
Date Assigned:	04/09/2014	Date of Injury:	05/22/2012
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 and 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 41-year-old female who reported an injury on 05/22/2012. The mechanism of injury involved heavy lifting. Current diagnoses include right cervical strain and intermittent sleep disturbance. The injured worker was evaluated on 12/10/2013. The injured worker reported bilateral wrist pain and cervical spine pain. Physical examination of the cervical spine revealed tenderness to palpation with positive muscle spasm. The injured worker also demonstrated limited cervical range of motion and positive Spurling's maneuver. Treatment recommendations at that time included physical therapy for the neck with cervical traction twice per week for 4 weeks and a pain management consultation for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4 FOR NECK WITH CERVICAL TRACTION: Upheld

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

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

Decision rationale: The California 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. The injured worker has previously participated in a course of physical therapy for the cervical spine. However, there was no documentation of the previous course provided for review. Without evidence of objective functional improvement, additional treatment cannot be determined as medically appropriate. As such, the request for physical therapy 2 x 4 for neck with cervical traction is not medically necessary.

PAIN MANAGEMENT CONSULT AND TREAT FOR NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. There was no imaging studies provided for review. The medical necessity for the requested consultation has not been provided. As such, the request for pain management consult and treat for neck is not medically necessary or appropriate.