

Case Number:	CM14-0017417		
Date Assigned:	04/14/2014	Date of Injury:	01/01/2002
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/11/2014

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, has a subspecialty in Interventional Spine 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 patient is a 41-year-old female with an injury date of 1/1/2002. Per the treater's report dated 01/13/2014, the patient presents with persistent neck pain, which has worsened since delivery of baby in November 2013. The listed diagnoses are: 1.) Non-union of C5/6, status post revision (7/22/2011) 2.) Herniated nucleus pulposus (HNP) C4/5, status post anterior cervical discectomy and fusion (ACDF) on 03/24/11 3.) Transitional syndrome, possible non-union. A cervical spine MRI from 01/5/13 showed "disc desiccation with bulging at the C3-4 level. There were postoperative changes, after the ACDF from C4-C6. No focal disc herniation, spinal stenosis, or foraminal narrowing. The chronic endplate changes at C3-4 were reflective of underlying degenerative disc disease. This disc degeneration is new compared to the previous exam as well as the fusion at C4-5." In December 2013, another surgery at C3-C6 was anticipated, according to the 07/15/13 report. It is also noted that surgery has been authorized, but the patient will attempt physical therapy first. The recommendation is for physical therapy for the cervical spine, two (2) times a week for four (4) weeks and to refill medications. The utilization review determination being challenged is dated 01/21/2014 and recommends the denial of physical therapy, since the patient is anticipating surgery. [REDACTED] is the requesting provider and gave reports from 7/15/13-1/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE CERVICAL SPINE TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with "persistent and worsening neck pain rated 8/10, numbness in upper extremities, extending to mid-back, arms, and hands." The request is for physical therapy to the cervical spine. On 01/30/13, the patient has pain in upper extremities, and a new onset of left leg pain radiating, and sciatica. On 07/15/13, the patient reports ongoing neck pain. On 01/03/14, the persistent neck pain is getting worse, and cervical surgery was authorized, but the patient will try physical therapy first. There is persistent neck pain. A review of the reports shows physical therapy following surgery on 07/02/2011, but the number of visits and response to therapy is not discussed. There is no evidence that the patient has recently had any therapy. The Chronic Pain Guidelines indicate that for myalgia and myositis, nine to ten (9-10) visits are recommended over eight (8) weeks. For neuralgia, neuritis, and radiculitis, eight to ten (8-10) visits are recommended. In this case the treater has requested a total of eight (8) sessions of therapy for the cervical spine over four (4) weeks. Given the absence of any treatments over the last couple of years and the patient's persistent symptoms, a short course of therapy would appear medically reasonable. The requested eight (8) sessions are within the recommendation of the guidelines. The request is medically necessary.