

Case Number:	CM14-0019404		
Date Assigned:	03/17/2014	Date of Injury:	05/30/2012
Decision Date:	07/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	02/15/2014

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 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 who has submitted a claim for post concussion syndrome, headache syndrome, neuralgia, neuritis and radiculitis not otherwise specified, muscle spasm and cervicalgia associated with an industrial injury date of May 30, 2012. Medical records from 2013 to 2014 were reviewed. The patient complains of constant migraines, headaches, memory loss and return of fainting episodes. She also continues to have ongoing neck and jaw pain. She has completed 8 sessions of physical therapy for the cervical spine which provided moderate pain relief. Physical examination showed tenderness over the cervical paravertebral muscles, occipital ridge and occipital protuberance 2-3 finger breadths from the midline; pain over the temporo-parietal region upon percussion of the occipital area over the greater occipital nerve; and limitation of motion of the cervical spine. MRI of the brain done on August 21, 2012 did not reveal any significant intracranial pathology. EEG was normal as well. MRI of the cervical spine done on July 24, 2012 revealed a 3mm central protrusion at C6-7 without mass effect with annular fissuring along the dorsal disc margin, and mild uncinat ridging at C3-4 with only minimal foraminal narrowing. The diagnoses include post concussion syndrome, headache syndrome, neuralgia, neuritis and radiculitis not otherwise specified, muscle spasm and cervicalgia. Treatment plan include a request for additional physical therapy sessions and Neurology consultation for the head and cervical spine. Treatment to date has included oral analgesics, muscle relaxants, psychotherapy, biofeedback, botox injectons, physical therapy and home exercises. Utilization review from September 3, 2013 denied the request for Neurology consultation and modified the request for 8 sessions of physical therapy to 3 sessions of physical therapy. The reasons for the denial and modification of the requests were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS PHYSICAL THERAPY: Upheld

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 Chronic Pain Medical Treatment Medicine 2009: Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG recommends 10-12 visits over 8 weeks for degeneration of cervical intervertebral disc. In this case, the patient has completed 8 physical therapy sessions for the cervical spine which provided moderate pain relief. However, the requested number of additional sessions would exceed the guideline recommendation. There was no compelling rationale concerning the need for variance from the guidelines. Furthermore, the request did not specify the body part to be treated. Therefore, the request for 8 SESSIONS PHYSICAL THERAPY is not medically necessary.

NEUROLOGY CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, return of fainting episodes were reported which warrant consult with a specialist. Previous utilization review dated February 13, 2014 has already certified this request. Therefore, the request for NEUROLOGY CONSULTATION is not medically necessary.