

Case Number:	CM14-0111316		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2010
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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 75-year-old male with an injury date of 02/03/2010. Based on the 05/23/2014 progress report, the patient complains of head, neck, bilateral shoulder girdle, and bilateral upper extremity pain. The upper extremity pain is also associated with numbness. Patient rates his pain as a 9/10. The patient's diagnoses include the following: 1. Cervical degenerative disk disease, 2. Left upper extremity radiculopathy, 3. Diffuse regional myofascial pain. The utilization review determination being challenged is dated 07/02/2014. One treatment report was provided from 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x3wks, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter

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

Decision rationale: Based on the 05/23/2014 progress report, the patient complains of having displacement of cervical intervertebral disk without myelopathy and degeneration of cervical intervertebral disk. The request is for physical therapy 2 times a week for 3 weeks for the cervical spine. MTUS Guidelines pages 98, 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. In this case, the treater does not discuss treatment history and does not mention why the patient requires formalized therapy at this point. There are no new injuries, decline in function that can be address with therapy or significant change in clinical presentation. MTUS page 8 requires that the treater provide monitoring and make appropriate recommendations. Given the lack of adequate discussion regarding the request, recommendation is for denial.