

Case Number:	CM14-0121600		
Date Assigned:	08/06/2014	Date of Injury:	03/23/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Pain Management, 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 59-year-old female with an injury date of 03/23/12. Per the 07/01/14 physician's report, the patient presents with mid-back pain accompanied by recurrent spasm in the neck and thorax. The patient received a previous epidural steroid injection (ESI), which has helped the arm numbness, but not the neck pain. No date was given for the ESI. Her diagnoses include: degeneration of cervical disc(s); cervicgia; thoracic disc degeneration; pain in the thoracic spine; and thoracic sprain, per the 03/21/14 Progress Report. Her treating physician is requesting 12 physical therapy sessions (2 x per week for 6 weeks) for the cervical spine. There was no indication of why the treater requested physical therapy. The request was denied per the utilization review (UR) letter dated 03/23/12. The rationale given was that the request of 12 sessions was modified to 2 sessions only to allow completion of the stabilizing and strengthening programs. Treatment reports were provided from 02/06/14 to 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, 2 times a week for 6 weeks for a total of 12 sessions,: Upheld

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

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

Decision rationale: The patient presents with mid-back pain accompanied by recurrent spasm in the neck and thorax. The treater requests 12 (2x6) physical therapy sessions for the cervical spine. There are no therapy reports within the documents submitted for review to know the patient's treatment history, and the treater does not discuss how much therapy this patient has had recently. MTUS guidelines state that, for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis and radiculitis, 8-10 visits are recommended. The treater does not mention why this patient needs therapy at this time. There are no discussions as to what is to be achieved and why home exercises are inadequate. The treater does not mention decline in function, pain flare-ups, or a new injury. Furthermore, the request for 12 sessions exceeds what is allowed per MTUS. Therefore, the requested physical therapy is not medically necessary or appropriate.