

Case Number:	CM14-0128550		
Date Assigned:	09/05/2014	Date of Injury:	03/12/2013
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 Nevada. 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 records presented for review indicate that this 31 year-old female was reportedly injured on 03/12/2013. The most recent progress note, dated 07/17/2014, indicates that there were ongoing complaints of cervical spine pain. The physical examination demonstrated cervical spine: positive tenderness C4-7 on the right side as well as right upper trapezius. Positive muscle spasm with active trigger point. Numbness and tingling in the right upper extremity extending to the thumb (C-6 distribution). Motor strength intact. Diagnostic imaging studies include an MRI of the cervical spine dated 5/22/2014, which revealed central disc protrusion at C2-3, and C5-6. Treatment includes physical therapy, medications, epidural steroid injections, and conservative treatment. A request had been made for physical therapy 2 times a week for 6 weeks for the cervical spine and was not certified in the pre-authorization process on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times weekly for 6 weeks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicines Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Neck & Upper Back Procedure Summary last updated 04/14/2014

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has chronic complaints of the cervical spine and review of the available medical records, fails to demonstrate an improvement in pain or function from previous physical therapy visits, quantity unknown. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.