MAXIMUS Federal Services

Case Number:	CM14-0133972		
Date Assigned:	08/27/2014	Date of Injury:	10/10/2011
Decision Date:	09/25/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 10/10/11 date of injury. At the time (8/6/14) of request for authorization for Physical Therapy of the cervical spine, QTY: 6, there is documentation of subjective (neck pain, 3/10 with medications, and 8/10 without medications) and objective (cervical spine range of motion restricted with flexion limited to 72 degrees, extension 15 degrees, right lateral bending 35 degrees, left lateral bending 25 degrees, lateral rotation 65 degrees, paravertebral tenderness bilaterally, Spurling's maneuver causes pain in muscles of neck radiating to upper extremity, grip strength 4/5 on right and 5/5 on left, 4/5 strength of wrist flexor/extensor on right, and supination and pronation 3/5 on right) findings, current diagnoses (lumbar radiculopathy and backache not otherwise specified), and treatment to date (medications (including ongoing treatment with Gabapentin, Naproxen, Lunesta, Norco, Lipitor, and Zanaflex) and previous physical therapy (which focused primarily on low back)). It cannot be determined if this is a request for initial or additional physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the cervical spine, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.ODG recommends a limited course of physical therapy for patients with a diagnosis of neck pain not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and backache not otherwise specified. In addition, there is documentation of physical therapy therapy (which focused primarily on low back) to the low back. However, given documentation of a 10/10/11 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy for the cervical spine. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy of the cervical spine, QTY: 6 is not medically necessary.