

Case Number:	CM14-0154026		
Date Assigned:	09/23/2014	Date of Injury:	05/25/2014
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Washington. 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 injured worker is a 49-year-old who reported a work related injury on May 25, 2014 due to a slip and fall. The injured worker's diagnoses consist of cervical disc disease, L5-S1, L4-5, and L3-4 disc disease, and right hip pain. The injured worker's past treatment was not provided for review. Diagnostic studies included a radiograph with 2 views of the cervical spine which revealed cervical disc disease at C6-7 and C5-6. Upon examination on 08/14/2014, the injured worker complained of pain in the neck that is constant, worse when not moving. The injured worker stated that he has stiffness in the morning. The pain was noted to radiate into the shoulder blades and into both arms. The injured worker stated that the pain in his lower back is constant, which is worse with walking, standing, and sitting for prolonged periods of time. The injured worker stated his back is stiff and the pain radiates down to the back of the left leg to the knee and down the back of his right leg to the ankle. The injured worker stated he had pain getting dressed, putting on socks and shoes, doing housework, driving, and sleeping through the night. Upon physical examination, it was noted the injured worker has near full range of motion of both neck and the back. He has +1 reflex in the upper and lower extremities. It was also noted that he had good strength and sensation. The injured worker's prescribed medications include Wellbutrin and lorazepam. The treatment plan consisted of a urine drug screen, medication management, authorization for the injured worker to be evaluated and treated for his right hip and groin pain with radiating pain into the right testicular area, and an MRI of the cervical and lumbar spine. The rationale for the request was provided for review. A Request For Authorization form was submitted for review on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits for the cervical spine, twice weekly for six weeks with evaluation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends nine to ten visits over eight weeks for myalgia and myositis. The documentation submitted for review did not provide any history of prior treatment or the outcome of any prior treatment. Additionally, there is no comment of functional improvement, or specific comments about short term benefit of the injured worker occurred from prior treatments. Moreover, there are very minimal physical examination findings. Moreover, within the documentation, there was no evidence of functional deficits. As such, due to the lack of documentation provided for review, physical therapy for the cervical spine cannot be warranted. As such, the request for Physical therapy visits for the cervical spine, twice weekly for six weeks with evaluation, is not medically necessary or appropriate.