

Case Number:	CM14-0159517		
Date Assigned:	10/03/2014	Date of Injury:	12/23/2013
Decision Date:	12/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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, 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 52 year old male with an injury date of 12/23/13. Based on the progress report dated 06/26/14, the patient complains of pain in the cervical spine. Physical examination of the affected area reveals tenderness to palpation over upper, middle and lower paravertebral and trapezius muscle. The range of motion is limited with flexion at 40 degrees, extension at 30 degrees, right lateral bending at 30 degrees, left lateral bending at 40 degrees, right lateral rotation at 40 degrees, and left lateral rotation at 50 degrees. Right lateral bending and right lateral rotation are associated with increased pain. Physical examination of the thoracic spine reveals tenderness to palpation over upper paravertebral muscles along with mild limitation in the range of motion. Neurological examination shows decreased sensation in the left upper extremity in the C6 distribution. The pain is rated at 3-6/10, as per physical therapy report dated 07/29/14. The patient has received four sessions of physical therapy in the past, as per progress report dated 06/26/14. MRI of the Cervical Spine (no date mentioned), as per Utilization Review Denial Letter- Straightening of the normal lumbar lordosis of the cervical spine- Progressive degenerative disc changes from C3-4 through C6-7 with varying degrees of posterior disc protrusions.- Congenital narrowing of the spinal cord contributing central canal stenosis- Narrowing of the neural foramina, greatest on the right at C6-7 and left at C5-6. Diagnosis, 06/26/14- Cervical spine strain- Left cervical radiculopathy- Closed head injury- Scalp laceration The treater is requesting for physical therapy 2 x 6 for the cervical spine/neck. The utilization review determination being challenged is dated 09/11/14. The rationale was "the claimant has not met the criteria for continued physical therapy." Treatment reports were provided from 06/26/14 to 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 for the Cervical Spine/Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with pain in the cervical spine which is accompanied by tenderness to palpation and limited range of motion in the affected area, as per progress report dated 06/26/14. The pain is rated at 3-6/10, as per physical therapy report dated 07/29/14. The request is for physical therapy 2 x 6 for the cervical spine/neck. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The patient has received 4 sessions of physical therapy, and "has had improvement," as per progress report dated 06/26/14. The treater states that "I do feel he would be benefited by additional therapy." Physical therapy report dated 07/29/14 indicates that therapy was started on 02/20/14 and recommends that the patient should continue with 2 X 6 sessions. The treater has asked for additional 12 sessions of therapy but does not provide a rationale as to why additional therapy is needed. The patient is not post-operative. Hence, the request for additional 12 sessions exceeds what is allowed by MTUS. Therefore the request is not medically necessary.