

Case Number:	CM14-0164102		
Date Assigned:	10/08/2014	Date of Injury:	06/17/2005
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/06/2014

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 Geriatrics and is licensed to practice in New York. 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 65 year old woman with a date of injury of 6/17/05. She was seen by her pain management provider on 9/16/14 with complaints of right SI joint pain. Her medications included Celebrex, Lyrica, Tramadol and Trazodone. Her exam showed residual low back pain on the lower right SI joint with no new deficit. She also had ongoing axial low back pain consistent with facet disease. Her assessments were chronic severe back pain, chronic right SI joint pain, status post degenerative disc disease and history of discectomy, myofascial pain/spasm, poor sleep hygiene and otherwise healthy patient. On 8/12/14, she was seen by her primary treating physician with complaints of ongoing neck pain with intermittent numbness. Her exam showed no tenderness to palpation or spasms. She had decreased left sensation and decreased range of motion with a negative Hoffman's. Her cervical MRI showed cervical disc degeneration / facet arthropathy C4-7. At issue in this review is the request for physical therapy of the cervical spine 2 xs week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6wks Cervical Spine: 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 and Upper Back (updated 8/4/14)- Physical Therapy

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. In the MD visit of 9/14, there is no mention of cervical pain by history or in the exam. The records do not support the medical necessity for 2 xs week x 6 weeks physical therapy visits for the cervical spine in this individual with chronic neck pain.