

Case Number:	CM14-0165601		
Date Assigned:	10/10/2014	Date of Injury:	06/14/2012
Decision Date:	12/02/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury June 14, 2012. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier multilevel cervical fusion surgery of February 5, 2014, and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 10, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the cervical spine. The claims administrator stated that its decision was based on an August 5, 2014 request for authorization. The claim administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS ODG Guidelines in its denial. In an operative report dated February 12, 2014, the applicant underwent C5 through C7 anterior cervical discectomy and fusion surgery. In an October 7, 2014 progress note, the applicant was placed off of work, on total temporary disability. Persistent complaints of neck pain and headaches were noted, worsening as the day went on. In an August 20, 2014 progress note, the applicant was given prescriptions for Norco and Ambien and again placed off of work, on total temporary disability owing to complaints of severe neck pain and headaches. On July 20, 2014, the applicant was given prescriptions for Norco and Prilosec and again kept off of work, on total temporary disability. The RFA form which the 12 sessions of physical therapy were signed by attending provider on August 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine 2 times a week for 6 weeks, QTY: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (updated 08/04/14), Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management section Page(s): 8.

Decision rationale: The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier cervical spine surgery of February 5, 2014 as of the date of the request. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The 12-session course of treatment proposed here, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having earlier unspecified amounts of physical therapy over the course of claim. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite extensive prior physical therapy. Therefore, the request is not medically necessary.