

Case Number:	CM14-0173658		
Date Assigned:	10/24/2014	Date of Injury:	01/14/2013
Decision Date:	11/25/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 injured worker is a 47-year-old male who reported an injury on 01/14/2013 due to a blunt force trauma after falling off a 6 foot ladder. The injured worker complained of neck pain and headaches with continued numbness to the face and jaw pain that radiated to the left ear, as well as vertigo and nausea. The diagnoses included long term use of medications, post-concussion syndrome, headache, neck pain, cervicocranial syndrome, cervicobrachial syndrome, cervical strain, suspected cervical spondylosis, cervicogenic headaches, reactive depression, and pain related insomnia. The medications included hydrocodone/BIT/APAP 5/325 mg, Prozac 20 mg, and Trazodone 50 mg. Other treatments included medication, TENS unit, 10 plus sessions of physical therapy, cervical epidural steroid injections, and an ENT specialist. The unofficial MRI of the cervical spine showed a C5-6 paracentral protrusion that contributed to moderate left side central canal stenosis and mild to moderate bilateral foraminal stenosis. The objective findings dated 10/29/2014 of the neck revealed tenderness over the posterior cervical paraspinal muscles at approximately the C3-7 levels. Cervical flexion was well tolerated; however, it was more painful than extension. Extension was limited with rotation. There was tenderness to palpation over the bilateral TMJ, with greater pain to the left side than the right side. There was no evidence of pathological nystagmus on examination. Strength was grossly full in the upper extremities. His gait was grossly normal; however, the injured worker brought a cane to the visit for stability. The treatment plan included additional physical therapy to the cervical spine. The Request for Authorization dated 10/24/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions for the cervical spine.: Upheld

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

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

Decision rationale: The request for physical therapy 8 sessions for the cervical spine is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires the internal effort of the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9 to 10 visits over 8 weeks. The clinical notes did not indicate if the injured worker had continued the home exercise program as should be instructed. No measurement of efficacy of the medication was provided. The injured worker had a TENS unit to relieve pain; however, no documentation on the efficacy of the TENS unit was provided. Additionally, the documentation did not provide any special circumstances that would warrant additional therapy. The request is for 8 sessions. The injured worker has already received 10 for a total of 18, exceeding the guidelines. As such, the request is not medically necessary.