

Case Number:	CM14-0022553		
Date Assigned:	05/09/2014	Date of Injury:	01/08/2002
Decision Date:	08/06/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 has a subspecialty in Pain Management 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:

This is a patient with a date of injury of January 8, 2002. A utilization review determination dated February 18, 2014 recommends noncertification for additional physical therapy in the cervical spine. Noncertification is recommended due to lack of documentation of functional improvement and physician documentation recommending additional therapy. A progress report dated February 26, 2014 identifies subjective complaints of cervical spine pain with a history of previous 2 level cervical discectomy with interbody fusion. Physical examination reveals mild spasm noted in the cervical spine and mild atrophy around the cervical incision. Diagnoses include status post previous discectomy with fusion, cervical discogenic disease with radiculitis, chronic cervical spine sprain/strain, status post anterior cervical fusion, and chronic anxiety. The treatment plan indicates that therapy helped and recommends additional therapy as well as medication. A progress report dated November 26, 2013 identifies objective findings including minimal spasm on examination. The treatment plan recommends additional therapy stating that therapy helped.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it is unclear how many sessions the patient has undergone thus far. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.