MAXIMUS Federal Services

Case Number:	CM14-0027909		
Date Assigned:	06/20/2014	Date of Injury:	01/14/2013
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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 and 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 year 47 old male who reported an injury on 01/14/2013, due to falling off a ladder. The injured worker complained of pain in his neck, and stiffness and tightness in his neck. The injured worker reported that he has trouble looking upward and dizziness. On physical exam dated 06/23/2014, the injured worker had tenderness on the cervical paraspinals, bilateral upper trapezius on both sides, and limited cervical range of motion which was associated with pain. The active extension for cervical spine at 15 degrees, active flexion at 20 degrees, active rotation left 8 at degrees, and active rotation on the right at 8 degrees. The injured worker medications listed are Hydrocodone mirtazapine, trazodone and fluoxetine. The injured worker diagnoses included neck pain, syndrome cervicocanial, post-concussion syndrome, cervical strain, cervicogenic headaches, and pain related insomnia. The treatment plan was for, 12 physical therapy visits for headaches. The injured workers treatments/diagnostics were acupuncture therapy, and TENS therapy. The injured worker had a MRI of the brain without contrast dated 02/03/2014 revealed normal brain, and a MRI of the cervical spine that revealed C5-6 3-4cm paracentral protrusion with stenosis, mild to moderate foraminal stenosis. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PT VISITS FOR HEADACHES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical medicine treatment. Headaches.

Decision rationale: The request for 12 physical therapy visits for headache was non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines does not support. The Official Disability Guidelines (ODG) physical medicine treatment states, physical therapy for headaches and tension headaches is for 6 visits over 6 weeks. Although the injured worker complained of having pain in his neck, there is no reported or documented complaint of headache on exam dated 06/23/2014. The request of 12 physical therapy visits would exceed guidelines. As such the request headaches is non-certified.