

Case Number:	CM14-0029898		
Date Assigned:	06/20/2014	Date of Injury:	12/20/2012
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology has a subspecialty in Pain 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 injured worker is a 33 year old female whose date of injury is 12/20/12. The mechanism of injury was not specified. Progress note dated 02/06/14 indicates that she started physical therapy at a new facility. She reports that she is worse than she was at the last visit. Current complaints are neck and bilateral shoulder pain. Diagnosis is cervical strain with evidence of chronic radiculopathy. Treatment to date includes physical therapy, activity modification and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Worker's Compensation, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for continued physical therapy (cervical spine) is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone extensive physical therapy to date. The

California Medical Treatment Utilization Schedule (CAMTUS) guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is nonspecific and does not indicate the frequency and duration of requested treatment. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Therefore, the request is not medically necessary.

Referral to pain management (neck pain): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Worker's Compensation, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on the clinical information provided, the request for referral to pain management is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. It is unclear how the referral will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work in accordance with American College of Occupational and Environmental Medicine Guidelines. Therefore, the request is not medically necessary.