

Case Number:	CM14-0030176		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2007
Decision Date:	08/13/2014	UR Denial Date:	02/26/2014
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 Physical Medicine and 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:

The patient is a 58-year-old female with a date of injury of 06/01/2007. The listed diagnoses per [REDACTED] are: 1. Status post C5 to C7 anterior fusion over 1.5 years, permanent and stationary. 2. Nonspecific upper extremity radiculopathy, chronic and intermittent. 3. Right shoulder impingement, improved status post injection. 4. Recent flare of cervicgia. According to progress report 02/21/2014 by [REDACTED], the patient is one and half year status post anterior cervical decompression and fusion. She has obtained postop MRI which demonstrated excellent decompression without residual stenosis. Prior treatment has included 24 sessions of physical therapy which have helped. The patient has also tried acupuncture which provided some temporary relief but not lasting. The patient is currently taking Celebrex and gabapentin 300 mg. The patient reports her neck and shoulder pain is aggravated and she feels "her arms are on fire." She notes some numbness in her fingers. The patient has completed a recent functional capacity evaluation. She has noted a recurrent right-sided neck pain and the provider has recommended 8 sessions of cervical physical therapy to address her recent aggravation of neck pain. He is also requesting "followup as needed between 02/21/2014 and 04/11/2014." Utilization review denied the request on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight cervical spine therapy treatments between 2/21/2014 and 4/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: This patient is status post C5 to C7 anterior fusion from 1.5 years ago. The patient most recently presented with complaints of a flare-up of her neck and shoulder pain. On 02/21/2014, the provider noted the patient has completed 24 physical therapy sessions which have helped. He is requesting 8 additional sessions to address patient's recent flare-up. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type of symptoms, 9 to 10 sessions over 8 weeks. In this case, the patient has received 24 recent physical therapy sessions and the provider does not discuss why she would not be able to transition into a self-directed home program. The recommendation is not medically necessary.

One follow up as needed between 2/21/2014 and 4/11/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering and the Restoration of Function Chapter 7 (page 127).

Decision rationale: This patient is status post C5 to C7 anterior fusion from 1.5 years ago. The patient most recently presented with complaints of a flare-up of her neck and shoulder pain. The provider is requesting follow up visits as needed between 02/21/2014 and 04/11/2014. Utilization review modified the certification to up to 1 follow-up and any additional follow-ups are recommended noncertified at this time. ACOEM, Ch. 12, Low Back, Pg. 303, has the following regarding Follow-up Visits: Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. In this case, given the patient's chronic pain and medication intake follow up visits are medically necessary.