

Case Number:	CM14-0030315		
Date Assigned:	06/20/2014	Date of Injury:	09/18/2012
Decision Date:	07/30/2014	UR Denial Date:	02/06/2014
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 & Rehabilitation and is licensed to practice in California and Washington. 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 35-year-old male who reported an injury on 09/18/2012, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/29/2014, the injured worker complained of neck pain that radiated down his left arm and rated it at an 8/10 on the VAS. It was also noted that there was numbness in the left arm and on his left side and left jaw tightness and left-sided headaches when the pain was severe. The injured worker also complained of low back pain with intermittent radiation down the right lower extremity. The injured worker's prior treatments included physical therapy, surgery to the cervical spine and pain medications. It is annotated that the injured worker is undergoing physical therapy treatments at 3 times per week. He is reported as stating that he has had no ER visit for pain control since the last visit. The injured worker's prescribed pain medications included Percocet, Flexeril, Ambien and Cymbalta. The physical examination of the cervical spine revealed a well-healed scar to the anterior neck, moderate tenderness to the left-sided cervical paraspinal muscles at midline and cervical range of motion severely limited in all planes. The diagnoses included status post cervical fusion at C5-6 on 08/27/2013, cervical radiculopathy and a lumbar strain. The treatment plan included prescribed Percocet 10/325, replacing Flexeril with a trial of Amrix 15 mg 1 tab by mouth daily as needed for spasms #30, Vimovo, a refill of Voltaren gel, Cymbalta, Colace, Ambien and Dilaudid. It was also noted in the treatment plan that the injured worker could continue with the use of a cervical pillow to help reduce neck pain and continue with the TENS unit for additional nonpharmacologic pain relief as well as the continuation of physical therapy and a return to clinic for re-evaluation and further recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

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

Decision rationale: The request for physical therapy 2 times 6 for the cervical spine is not medically necessary. The California MTUS Guidelines may support 8 to 10 visits of physical therapy to provide instructions in a home exercise program and promote functional gains for injured workers with neuralgia, neuritis or radiculitis. In the clinical notes provided for review, it is annotated that the injured worker had a pain level status of 8/10. However, it is not annotated if this is with or without the use of pain medications. It is also annotated that the injured worker is undergoing physical therapy treatments at 3 times per week but it is not noted how many sessions have been attended or their efficacy. Furthermore, there is a lack of documentation of the injured worker participating in any home exercise program. Therefore, the request for physical therapy 2 times 6 for the cervical spine is not medically necessary.