

Case Number:	CM14-0039849		
Date Assigned:	07/02/2014	Date of Injury:	04/05/2013
Decision Date:	09/30/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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:

Patient is a 57-year-old male who has submitted a claim for cervicalgia, cervical disc disorder, shoulder derangement syndrome, and lumbar discopathy associated with an industrial injury date of 4/5/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain radiating to bilateral upper extremities, rated 8/10 in severity. Aggravating factors included repetitive motions of the neck, pushing, pulling, lifting, and forward reaching. Patient likewise reported low back pain. Physical examination of the cervical spine showed tenderness, positive axial loading compression test, positive Spurling's maneuver, and limited range of motion due to pain. Muscle strength of bilateral upper extremities was graded 4/5. Reflexes were intact. Sensation was diminished at C6 and C7 dermatomes. Examination of the lumbar spine showed tenderness and painful range of motion. Seated nerve root test was positive. Sensation was diminished at L5 and S1 dermatomes. Treatment to date has included physical therapy and medications. Utilization review from 3/10/2014 modified the request for physical therapy 3 times a week for 6 weeks for the neck and back into 3 x 2 because the total number of sessions completed to date was not recorded. Physical therapy may be a reasonable alternative to considering surgery for the increased severity of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 weeks for the neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Lumbar; Post-surgical Treatment Guidelines.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The 8 to 10 visits of physical therapy over 8 weeks are recommended for neuralgia / neuritis. In this case, patient complained of persistent neck pain radiating to bilateral upper extremities, as well as, low back pain. He previously completed a course of physical therapy. However, the total number of sessions attended and functional outcomes were not documented. Moreover, the present request for 18 sessions exceeded guideline recommendation. There is no discussion concerning need for variance from the guidelines. Therefore, the request for physical therapy 3 times a week for 6 weeks for the neck and back is not medically necessary.