

Case Number:	CM14-0040287		
Date Assigned:	06/27/2014	Date of Injury:	03/10/2012
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Illinois. 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 67-year-old male who reported an injury on 03/10/2012. The mechanism of injury was a motor vehicle accident. His diagnoses included cervical sprain and cervical spondylosis. His previous treatments included medications, injections, vestibular therapy, and cognitive behavioral therapy. However, the documentation indicated that he had not previously received physical therapy for the cervical or lumbar spine. The injured worker had a previous MRI of the cervical and lumbar spine on unspecified dates. Per the clinical note dated 03/05/2014, the injured worker reported he continued to have headaches and imbalance. Upon physical examination, the physician reported he had muscle spasms of the cervicobrachial, left upper trapezius, and left pectoralis minor, with positive twitch responses. He also reported the injured worker walked with a wide-based gait. The physician provided trigger point injections due to his myofascial pain at this visit. The physician provided refill prescriptions for Lexapro and Lidoderm patch. The physician's treatment plan included a recommendation for cervical PT with a trial of cervical traction. The current request is for physical therapy 2 to 3 times per week times 6 weeks for the cervical spine and a trial of cervical traction. The rationale for the request was not provided within the medical records. The Request for Authorization form was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (2-3 x 6 weeks) for the cervical spine: Upheld

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

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

Decision rationale: MTUS Guidelines recommend physical medicine based on the philosophy that therapeutic exercises and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The guideline treatment recommendations for unspecified myalgia and myositis is 9 to 10 visits over 8 weeks. The clinical documentation provided indicate the injured worker continued to have complaints of cervical neck pain with noted tenderness and spasms. It was noted that he had not received physical therapy previously. However, the most recent clinical note failed to indicate objective functional deficits to warrant physical therapy. In addition, the current request exceeds the total recommended number of treatments per the guidelines. In the absence of functional deficits on the most recent physical exam and as the requested number of treatments exceeds the guidelines, the request is not supported. As such the request is not medically necessary.

Trial of cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: MTUS/ACOEM Guidelines state that traction is not recommended for acute regional neck pain. There is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per the clinical documentation provided, the injured worker continued to have complaints of chronic neck pain. However, there was no rationale provided to indicate why the cervical traction was being requested. Therefore, as the guidelines indicate traction is not recommended for acute regional neck pain, the request would not be supported. As such, the request is not medically necessary.