

Case Number:	CM14-0041402		
Date Assigned:	06/30/2014	Date of Injury:	04/16/2004
Decision Date:	10/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Emergency 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 patient is a female with reported date of injury on 4/16/2004. Mechanism of injury is described as "too much workload" leading to back pain and headaches. Patient has a diagnosis of "cumulative trauma", lower back pain with mild R L4 and moderate L L5-S1 radiculopathy, C6 root compression, cervical spine dystonia and spasms, cauda equina, thoracic spine disc herniation, insomnia, depression, headaches and GERD. Medical reports reviewed. Last report available until 3/13/14. Patient complains of L shoulder pain with headaches and neck pains. Reportedly improving pain from Aqua physical therapy. Objective exam reveals asymmetric L shoulder, cervical spine with spasms and decreased range of motion. Severe frontalis muscle spasms R worst than L side. Dystonia of cervical spine to L side. Review of records do not show number of physical/aqua therapy sessions patient has undergone or been approved for. UR note mentions that they do not have any notes concerning approval of these aqua therapy sessions. MRI of cervical spine(3/16/11) revealed C5-6 mild disc desiccation with 3mm osteophytic ridge, mild narrowing of L neural foramen, moderate degenerative facet hypertrophy on L side at C3-4 and C4-5 with mild L C3-4 neural foraminal narrowing. MRI of lumbar spine and thoracic spine (12/19/09) are not relevant to this review but confirms patient's diagnosis. Medications include Amitriptyline, Naproxen, Elavil, Medroxyprogesterone, Estradiol, Vicodin, Fioricet, Cymbalta, Treximet, Flonase and Prilosec. The patient has had reportedly physical therapy and aqua therapy in the past. The Independent Medical Review is for Physical Therapy for cervical spine 2times a week for 8weeks (total of 16sessions). Prior UR on 3/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Treatment to the Cervical Spine for 16 sessions, 2 times a week for 8 weeks: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. There is no documentation as to why PT was done over 9years since injury. There is no documentation as to why original Aqua therapy was ordered and done. There is no documentation as to how many Aqua/Physical therapy sessions has been done. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has undergone unknown number of PT sessions and has requested more sessions that recommended as per MTUS guidelines. Physical Therapy is not medically necessary.