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| Case Number: | CM14-0042997 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 10/12/2011 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Interventional Spine 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:

This patient is a 47-year-old female with a date of injury of 10/12/2011. The listed diagnoses per [REDACTED] are neck pain, cervical disk displacement, muscle spasm and headache. According to progress report 12/02/2013 by [REDACTED], the patient presents with chronic neck pain. An examination revealed normal range of motion and improved strength, tone, and reflexes. There was spasm in the upper and midback. The patient reports that physical therapy treatment helps. The provider recommends refill of medication which includes Mobic, Ultram, Lyrica, and extension of physical therapy to the C-spine 3 x 2. Utilization Review denied the request on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x2 for the neck: Overturned

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): 98,99.

Decision rationale: This patient presents with chronic neck pain. The provider is recommending the patient continue physical therapy 3 times a week for 2 weeks. Utilization review denied the request stating additional therapy is allowed only with objective evidence of improvement with prior sessions. Physical therapy progress note from 09/11/2013 indicates patient feels overall very active and she has relief for 12 to 24 hours following physical therapy. She is also able to reduce her medication following physical therapy sessions. It is unclear the total number of sessions received thus far. It is clear the patient underwent a recent course of 6 sessions around 09/11/2013 as there is a PT progress report on that date. The treating physician indicates the patient is better with physical therapy, has decreased pain and medication intake and the patient has returned to work. In this case, the patient has had a recent course of 6 physical therapy sessions which provided pain relief and reduction of medication. The patient has returned to work and the provider is requesting additional 6 sessions to further strengthen and tone the cervical spine. Given the patient's improvement from prior 6 sessions, the request is medically necessary.