

Case Number:	CM14-0044425		
Date Assigned:	07/09/2014	Date of Injury:	03/06/2012
Decision Date:	08/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical discectomy and fusion surgery on May 29, 2013; and 32 to 36 sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for an additional eight sessions of physical therapy. Somewhat incongruously, the claims administrator invoked both the Postsurgical Treatment Guidelines as well as the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a February 20, 2014 progress note, the applicant was described as having ongoing complaints of chronic neck pain. The applicant was considering cervical epidural steroid injection, it was stated. The applicant was still on Norco for pain relief. The applicant was given refill of Norco and placed off of work, on total temporary disability. Additional physical therapy was apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 4 weeks for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.MTUS 9792.20f Page(s): 99,8.

Decision rationale: The applicant was, as of the date of the request and as the date of the Utilization Review Report, outside of the six-month postsurgical physical medicine treatment period established in MTUS guidelines following earlier cervical discectomy and fusion surgery on May 29, 2013. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The applicant, in this case, appears to have had prior treatment (32 to 33 sessions), seemingly well in excess of the 8 to 10 physical therapy sessions course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including epidural steroid injection therapy and opioid therapy. All of the above, taken together, imply lack of functional improvement as defined in MTUS despite completion of earlier physical therapy in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.