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| Case Number: | CM14-0048765 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 05/10/2010 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 52-year-old male who reported an injury on 05/10/2010 due to continuous trauma. The injured worker's diagnoses include possible lumbar discogenic pain, possible bilateral lumbar facet pain at L4-5 and L5-S1, possible lumbar sprain/strain, cervical sprain/strain, possible bilateral cervical facet pain to C2-3 and right C5-6, cervical sprain/strain bilateral occipital neuralgia, and stress syndrome. Past medical treatment the injured worker has undergone has been psychotherapy, group therapy, physical therapy, chiropractic therapy, the use of a TENS Unit, steroid injections, and medication therapy. Diagnostics include an EMG/NCS that the injured worker underwent on 09/20/2010 of the upper extremities. The injured worker underwent left knee surgery in 1990 and right inguinal herniorrhaphy on 02/14/2013. The injured worker complained of pain down the right lower extremity and rated the pain at 6/10. The injured worker stated that he also had constant neck pain and headaches that start from the back of his head and radiates to the occipital area followed by neck pain that radiated into the right shoulder blade and right shoulder. The injured worker rated that pain at a 5-9/10. Physical examination, dated 01/28/2014, revealed midline tenderness extending from C2-7. There was no paravertebral muscle tenderness. Bilateral cervical facet tenderness was noted at C2-3 and right C5-6. The right trapezius muscle was noted to have tenderness. Bilateral occipital tenderness was noted and pressure caused occipital type of headaches. Range of motion of the cervical spine revealed a flexion of 80 degrees with pain and extension of 80 degrees with pain. Lateral bending to the right was 40 degrees and to the left was 40 degrees. Rotation to the right was 70 degrees and rotation to the left was 90 degrees. Adson and Tinel's test were negative. The injured worker's sensory examination revealed that bilaterally symmetrical sensation was noted in both upper and lower extremities. Motor strength examination revealed weakness of the right upper extremity and right hand grip due to right wrist, right elbow, and right shoulder pain. The

injured worker also had mild weakness of the right lower extremity compared to the left. Medications include Anaprox 550 mg 2 times a day, Prilosec 20 mg 1 tablet a day, Flexeril 7.5 mg before bed, and Ultram 150 mg 1 tablet a day. The treatment plan is for 8 physical therapy visits for the cervical spine, 2 times a week for 4 weeks. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy visits for the cervical spine, two time a week for four weeks as an outpatient: Upheld

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

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

Decision rationale: The request for eight physical therapy visits for the cervical spine, two time a week for four weeks as an outpatient is not medically necessary. The injured worker complained of pain down the right lower extremity, rated the pain at 6/10. The injured worker stated that he also had constant neck pain, constant headaches that start from back of his head and radiate to the occipital area followed by neck pain that radiated into the right shoulder blade and right shoulder. The injured worker rated that pain at a 5-9/10. The California Medical Treatment Utilization Schedule (MTUS) guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended to include 9-10 visits for myalgia and myositis. Physical examination dated 01/28/2014 of the cervical spine revealed decreased range of motion. Examination revealed bilateral cervical facet tenderness at C2-3, C5-6 on the right side. Although the injured worker was noted to have some deficits on examination, there was a lack of significant deficits that would require formal supervised therapy versus a home exercise program. Furthermore, the injured worker is noted to have participated in physical therapy previously; however, the number of sessions and response to that therapy was not provided to support additional therapy. As such, the request for 8 physical therapy visits for the cervical spine, 2 times a week for 4 weeks is considered not medically necessary.