

Case Number:	CM14-0053244		
Date Assigned:	07/07/2014	Date of Injury:	08/16/2013
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Management, 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:

The patient is a 42 year old with an injury date on 8/16/13. According to the 3/20/14 report, patient complains of neck pain, headaches, and post-concussive syndrome. Patient has failed conservative treatments, but physical therapy in combination with acupuncture seems to improve symptoms best per 3/20/14 report. Based on the 3/20/14 progress report provided by [REDACTED] the diagnoses are: 1. neck pain bilaterally, likely due to myofascial pain/tightness 2. headaches that are likely triggered by myofascial neck tightness. These are likely residual from post-concussive syndrome 3. post-concussive syndrome with some emotional lability and depression and cognitive deficits Exam on 3/20/14 showed "pain to palpation over the bilateral cervical paraspinals around the occiput to the C5 level where there are tight bands felt there. This does recreate her pain. Just has a slight increase in headaches when I palpate in these areas. She has full strength in the upper extremities." [REDACTED] is requesting additional physical therapy for myofascial release, traction and HEP for the cervical spine (1-2 times a week for 4-6 weeks). The utilization review determination being challenged is dated 4/1/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/14/13 to 6/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for Myofascial Release, Traction and HEP for the Cervical Spine (1-2 times a week for 4-6 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pg. 98, 99 Page(s): 98, 99.

Decision rationale: This patient presents with neck pain. The treating physician has asked for additional physical therapy for myofascial release, traction and home exercise program for the cervical spine (1-2 times a week for 4-6 weeks) on 3/20/14. The 1/29/14 report states that physical therapy is helping but does not specify number of sessions. The 3/20/14 report states the prior physical therapy was directed at the shoulder, while patient's current complaints are for the C-spine. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has undergone recent physical therapy of unspecified sessions, and with benefit. The requested quantity of 4 to 12 sessions of physical therapy sessions, however, exceeds what MTUS guidelines allow for this type of condition. The request is not medically necessary and appropriate.