

Case Number:	CM14-0055416		
Date Assigned:	07/07/2014	Date of Injury:	12/12/2002
Decision Date:	09/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old female who has submitted a claim for chronic postoperative pain, postlaminectomy syndrome, cervical, radiculitis, cervical, spondylosis, cervicalgia, pain soft tissue of limb, and insomnia associated with an industrial injury date of 12/12/2002. Medical records from 10/11/2013 to 09/05/2014 were reviewed and showed that patient complained of constant neck and shoulder pain (pain scale grade not specified). Physical examination revealed tenderness over left cervical spine, trapezius, rhomboids and bilateral cervical paraspinals. Decreased cervical spine range of motion (ROM) was noted. Manual Muscle Test (MMT), Deep Tendon Reflexes (DTRs), and sensation to light touch of bilateral upper extremities were intact. Spurling's test was positive on the left. Hoffman's test was negative. MRI of the cervical spine dated revealed C4-5 and C6-7 adjacent segment degeneration with spondylosis. Treatment to date has included C5-6 and C6-7 Anterior Cervical Decompression and Fusion (ACDF) (07/07/2003), left C4-5 and C7-T1 Epidural Steroid Injections (ESI) (08/15/2013), unspecified visits of physical therapy, Ambien, and Topamax. Utilization review dated 04/14/2014 modified the request for additional physical therapy sessions 2 x 8 neck and left shoulder (sixteen additional physical therapy sessions) to additional six sessions to address flare of pain and musculoskeletal dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions 2 x 8 neck and left shoulder (sixteen additional physical therapy sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed unspecified visits of physical therapy. There was no documentation concerning the functional outcome from previous therapy sessions. It is unclear as to why the patient cannot self-transition into home exercise programs (HEP). Therefore, the request for Additional physical therapy sessions 2 x 8 neck and left shoulder (sixteen additional physical therapy sessions) is not medically necessary.