

Case Number:	CM14-0062385		
Date Assigned:	07/11/2014	Date of Injury:	08/14/2010
Decision Date:	12/09/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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:

The patient is a 37 year old female with an injury date of 08/14/10. The 03/24/14 progress report by [REDACTED] states that the patient presents with neck pain from the base of the head to the mid-back area. Examination shows cervical spine trapezial spasms with decreased range of motion with tenderness of the paraspinal muscles to the mid-back area. Pain radiates to the bilateral shoulders with lumbar spine stiffness and spasm. The patient's diagnoses include cervical spine sprain/strain with two small disc herniations noted; lumbar spine disc with left sided radiculopathy; thoracic spine sprain; and recent gastric staples for weight loss through her private insurance, weight decreased after surgery from 272 to 188 pounds. The utilization review being challenged is dated 04/25/14. Reports were provided from 02/13/14 to 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for six weeks for the cervical spine: Upheld

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

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

Decision rationale: The patient presents with neck pain from the base of the head to the mid back area radiating to the bilateral shoulders. The provider requests for physical therapy twice a week for six weeks for the cervical spine. MTUS pages 98, 99 state that for myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no indication from the reports provided that the patient is within a post-surgical treatment period. On 03/24/14 the provider states that aside from gentle massage the patient has received no treatment for the cervical spine. The reason for the request is to work on myofascial release, stretching and strengthening and range of motion exercises. The reports show the patient was receiving ongoing medication therapy for this condition as of 02/13/14. In this case; however, the requested 12 sessions exceed what is allowed by MTUS. Therefore, this request is not medically necessary.