

Case Number:	CM14-0062421		
Date Assigned:	07/11/2014	Date of Injury:	06/06/2009
Decision Date:	09/17/2014	UR Denial Date:	04/10/2014
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 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 58-year-old female, who reported an injury on 06/06/2009. The mechanism of injury was not provided. On 01/07/2014, the injured worker presented with complaints of constant neck pain radiating to the bilateral shoulders, right arm and elbow, and bilateral hands, associated with numbness. She also had reports of pain in the low back with sciatica pain into her buttock and left lower extremity. Upon examination of the cervical spine, there was muscle spasm with palpation and a twitch response and referred pain. There were complaints of pain upon palpation over the bilateral cervical paraspinal muscles, the bilateral trapezius and bilateral rhomboid muscles. She also had acute pain with palpation over the C6-7 interspinous ligament. The range of motion values for the cervical spine revealed 40 degrees of forward flexion and 30 degrees of extension and 50 degrees of rotation bilaterally and 15 degrees side bending bilaterally. There were complaints of pain at the extremes of all motions. MRI study of the cervical spine dated 01/07/2014 reveals straightening of the cervical spine consistent with spasm and a 3 mm posterior disc bulge at C5-6 with mild subarachnoid space indentation, with a degenerative disc and joint disease. At C3-4, there was a 2 mm posterior disc bulge with mild subarachnoid space indentation. An MRI scan of the lumbar spine revealed a 3.5 mm left lateral disc protrusion at L2-3. The diagnoses were bilateral cervical and thoracic myofascial trigger points with myospasm and C6-7 interspinous ligament pain, lumbar degenerative disc disease with a radiculopathy; fatigue secondary to pain and stress, thoracolumbar spondylosis, cervicgia and upper extremity radiculopathy, increase in bilateral upper extremity neuropathic complaints status post rotator cuff repair, depression secondary to chronic pain, and chronic pain secondary to injury. The provider recommended 6 physiotherapy sessions 2 times 3 on the cervical spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physiotherapy sessions 2x3 on the cervical spine: 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 Physical Medicine Page(s): 98.

Decision rationale: The request for 6 physiotherapy sessions 2x3 on the cervical spine is not medically necessary. California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires an internal effort from the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physiotherapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physiotherapy as well as the efficacy of the prior therapy. The amount of physiotherapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, and there is no significant barrier to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.