

Case Number:	CM14-0065487		
Date Assigned:	07/11/2014	Date of Injury:	11/05/2010
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Pain Medicine 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:

This is a 39-year-old female patient with a date of injury on 11/05/10. Diagnoses are listed as headache and cervical disc displacement with myelopathy. An MRI of the lumbar spine performed on 08/21/13 revealed mild endplate degenerative changes. No disc protrusion or central canal narrowing. Normal alignment. A request for physiotherapy to the cervical spine was non-certified at utilization review on 04/29/14 with the reviewing physician noting the claimant had completed 6 physical therapy visits today which resulted in increased mobility and improved activities of daily living. Exam findings included limitation of motion and tenderness. It was noted that ODG guidelines recommend up to 10 visits over 8 weeks for displacement of cervical inner vertebral disc and the most recent report submitted for review was 8 months old at the time. The claimant's current symptoms and functional limitations were not clearly outlined. On the primary treating physician's supplemental report dated 03/31/14, the physician did a review of medical records. It was noted the patient complained of diffuse headaches that occur 3 or 4 days per week with slight significant temporary relief with the use of ibuprofen and Imitrex. She also complained of neck and low back pain, anxiety and depression, as well as urinary urgency resulting from cervical myelopathy. It was noted the patient had been advised to reduce her dose of baclofen to 10 mg 1 tablet every 6 hours secondary to daytime drowsiness. Since the dose of Topiramate was increased to 75 mg, the patient is not aware of further improvement in her headaches. She was provided with Topiramate 25 mg and advised to take 2 tablets at bedtime. She was advised to also decrease the dose to 25 mg at bedtime and possibly discontinue medication completely if there is no increase in the frequency or severity of her headaches. Other medications included Imitrex and ibuprofen. There is no physical examination performed on this visit. On the 03/06/14 neurological reevaluation it was reported the patient's headaches have decreased to 3 days per week and vary in duration up to 3 or 4 consecutive days. There was

reported there is significant headache relief on a temporary basis with the current medications. Physical examination revealed restricted range of motion to the cervical spine in all planes and tenderness to palpation with palpable muscle spasm of the cervical paraspinal muscles bilaterally. Motor strength was graded at 5/5. Sensation was normal over the upper and lower extremities bilaterally. Medications were refilled. An operative note dated 02/21/13 reveals the patient underwent a C5-C6 anterior cervical discectomy and fusion with cage/allograft/rigid segmental internal fixation. There are several handwritten illegible progress notes from treating provider included for review. Neurological testing performed on 05/07/12 revealed a normal study. Previous treatment has included multiple courses of physical therapy, acupuncture, work restrictions, or going traumatic equipment, cervical epidural steroid injections, and surgery. There is a report dated 04/17/12 indicating the patient has experienced migraines since childhood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy to cervical spine 2 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pg. 98-99.

Decision rationale: The California MTUS recommends allowing for fading of treatment frequency plus active self-directed home physical medicine. The ODG guidelines recommend up to 10 visits over 8 weeks for displacement of cervical inner vertebral disc. The patient's injury is chronic and the patient has completed multiple rounds of physical therapy in the past without any documentation of significant pain relief or associated functional benefit as a result. There is no rationale indicating why the patient needs to return to supervised physical therapy rather than continuing with a fully independent home exercise program for which she has been instructed in and would be expected to be well versed in given the extensive physical therapy received to date. There are no significant musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. The requested physiotherapy to the cervical spine 2 x 3 is not medically necessary.