

Case Number:	CM14-0066357		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2012
Decision Date:	09/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 Nevada. 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 male who was reportedly injured on 7/24/2004. The mechanism of injury was noted as a fall. The most recent progress note dated 4/1/2014, indicated that there were ongoing complaints of neck and upper back pains radiating to the left shoulder. The physical examination demonstrated cervical spine limited range of motion by 25%. Muscle strength and sensation to touch were intact in the upper extremities. Muscle stretch reflexes significant for left bicep hyporeflexia. There was positive tenderness to palpation of cervical paraspinal and bilateral upper trapezius. Diagnostic imaging studies included magnetic resonance image of the cervical spine, dated 11/26/2013, which revealed multilevel facet joint spurring resulting in a C3-C4, moderate to severe right foraminal stenosis at C4-C5 and C5-C6, C6-C7 foraminal stenosis. Previous treatment included cervical epidural steroid injection, physical therapy, medications, and conservative treatment. A request was made for physical therapy at the cervical and thoracic spine #8 visits and was not certified in the pre-authorization process on 5/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 8 visits, cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/> Cervical

and Thoracic Spine; Table 2, Summary Recommendations, Cervical and Thoracic Spine disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back-Lumbar and Thoracic. (Acute and Chronic). Epidural Steroid Injections, Therapeutic. Updated 8/22/2014.

Decision rationale: According to Official Disability Guidelines, if post injection physical therapy visits are required for instruction in these active self-performed exercise programs, these visits should be included within the overall recommendations under physical therapy, or at least not require more than #2 additional visits to reinforce the home exercise program. After review of the medical documentation, it is noted the claimant had 2 visits of physical therapy after the initial injection. Therefore, according to guidelines and without any objective or subjective findings on physical exam to necessitate additional therapy, this request is deemed not medically necessary.