

Case Number:	CM14-0073613		
Date Assigned:	09/18/2014	Date of Injury:	07/11/2013
Decision Date:	11/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/20/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; muscle relaxants; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated April 18, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of the same. The applicant's attorney subsequently appealed. In a December 11, 2013 progress note, the applicant reported ongoing complaints of neck pain, posttraumatic headaches, and anxiety. The applicant was placed off of work on total temporary disability, while prescriptions for Relafen and Topamax were endorsed. In a subsequent progress note dated March 31, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck pain with associated spasms. The applicant was placed off of work for another six weeks on account that she could not tolerate returning to work. MRI imaging of the cervical spine, 12 sessions of physical therapy, and a topical compounded Ketoprofen-containing cream were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x weeks x 6 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, and remains dependent on various forms of medical treatment, including topical compounded medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.