

Case Number:	CM14-0082911		
Date Assigned:	07/21/2014	Date of Injury:	01/03/2006
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Environmental Health, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

Individual is a 59 year old male with a 1-3-06 date of industrial injury. He was diagnosed post injury with a cervical herniated nucleus pulposus. He has a history of cervical spine surgery 11-14-08. During an exam 4-28-14 the individual complains of neck pain, muscle tightness and a limited range of motion (subjective). There is pain with extension and flexion, tenderness to the cervical spine is noted as well as spasm (objective). The individual has completed cervical spine physical therapy with functional improvement in the past, as noted in his medical records. An exact number of therapy visits could not be located. The utilization review, 5-14-14 was non-certified for physical therapy to the cervical spine 2 X8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 8 to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy.

Decision rationale: MTUS does recommend physical medicine in certain situations. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms of pain, inflammation and swelling. MTUS guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG recommends 9 visits. The patient is not in the early phases of pain treatment. She is nearly 6 years post- surgery. She has had multiple treatments of physical therapy for her neck in the past and should be able to perform self-directed home physical medicine. The medical records did not establish that the individual had been reinjured or is having a progression of symptoms. Furthermore, the requested amount of Physical Therapy 2 X 8 to the cervical spine exceeds recommended frequency of 3 visits per week to 1 or less followed by self-directed physical medicine. As written, this is deemed not medically necessary.