

Case Number:	CM14-0090828		
Date Assigned:	07/25/2014	Date of Injury:	09/04/2012
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 Interventional Spine 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 case involves a 46 year-old male with a 9/4/12 date of injury. According to the 5/12/14 Physical Medicine and Rehabilitation report from [REDACTED], the patient presents with worsening neck pain following a cervical injection from [REDACTED]. A C7/T1 interlaminar epidural steroid injection was completed on 4/16/14. He has intermittent right side numbness of his face and right arm. The diagnoses is listed as cervical disc displacement; cervicobrachial syndrome. [REDACTED] requests physical therapy two times four. On 5/21/14 UR states the patient had an undermined number of physical therapy sessions, modified the request to allow two sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99 OF 127.

Decision rationale: The case involves a 46 year-old male with a 9/4/12 date of injury. According to the 5/12/14 Physical Medicine and Rehabilitation report from [REDACTED] the patient presents with worsening neck pain following a cervical injection from [REDACTED]. (C7/T1 interlaminar epidural steroid injection on 4/16/14) He has intermittent right side numbness of his face and right arm. The diagnoses is listed as cervical disc displacement; cervicobrachial syndrome. The patient has not had physical therapy since the increased neck pain from the injection on 4/16/14. California Medical Treatment Utilization Schedule (MTUS) states 8-10 sessions of physical therapy are recommended for various myalgias and neuralgias. The request for 8 sessions for the current aggravation appears to be in accordance with MTUS Chronic Pain Guidelines. Treatment is medically necessary and appropriate.