MAXIMUS Federal Services

Case Number:	CM14-0097077		
Date Assigned:	07/28/2014	Date of Injury:	08/04/2010
Decision Date:	11/04/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Orthopedic Surgery 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 injured worker is a 53 year old male with an industrial injury dated 10/21/08. An exam note dated 05/03/14 states that the patient returns with back pain. The patient explains that the current issues stem from the failed lumbar spine fusion, and cervical spine stenosis. The patient explains that he can barely manage his pain and has a stimulator unit for his home that has minor helped. The patient states that the medications do help with pain relief and describes his dire need to continue them. The patient has a positive EMG/NCV displaying cervical spine radiculopathy at C6, C7, and T1 on the left side. The patient is developing a claw-like deformity and contracture in his upper extremity. The patient has decreased range of motion of the lumbar spine along with discomfort and pain. There are chronic muscle guarding and tender points on palpation with myofascial pain. The patient's lower extremity reflexes appear to be a 2+/4, and the left side appears to be brisker than the right. There was a positive straight leg raise on the left side. There is evidence of nerve root irritation along the trapezius into the bilateral upper extremities, and sensation is decreased. The patient is diagnosed with cervical chronic pain syndrome with degenerative disc disease at multiple levels, and degenerative foraminal stenosis at C6-7, C7-T1 with radiculopathy, left side being greater than the right. Treatment includes a continuation of medication and 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 times a week for 6 weeks to the Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99 recommend the following for non-surgical musculoskeletal conditions:Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus activeself-directed home Physical Medicine.Myalgia and myositis, unspecified :9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksIt is unclear how many prior therapy visits have been performed in the records reviewed and the exam note from 5/3/14. In addition, as the requested physical therapy exceeds the recommendations above, the request is considered not medically necessary.