

Case Number:	CM14-0098508		
Date Assigned:	07/28/2014	Date of Injury:	08/29/2012
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 patient is a 60-year-old male with a date of injury of 08/29/2012. The listed diagnoses per [REDACTED] include Carpal tunnel syndrome, status post release on 07/02/2013, Headache tension, TMJ dysfunction, cervical intervertebral disk disorder and Neuritis/radiculitis of the cervical spine. According to progress report 06/13/2014 by [REDACTED], patient presents with headaches and neck pain that radiates down both arms, mid back, and low back. The patient states the pain radiates down the legs with numbness and tingling in the big toes. She also notes stiffness in her jaw, stress, anxiety, and fear of driving. The neck pain is noted as constant, and on a pain scale 8-9/10 in intensity. The pain is intermittent and radiates down bilateral arms. The provider states the patient has previously completed 12 visits for the cervical spine. Overall, the patient has less symptomatology and measurable functional improvement. This request is for additional 3 physical therapy sessions for the cervical spine. Utilization review denied the request on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 visits physiotherapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with headaches and neck pain that radiates down both arms, mid back, and low back. The provider states the patient has completed 12 sessions of physical therapy for the cervical spine. He notes the patient is doing well and better since last visit and is requesting additional 6 sessions. Review of the medical file indicates the patient received 10 physical therapy sessions by 09/04/ and another more recent course of 12 sessions for the cervical spine by 04/14/2014. The provider is requesting additional 6 sessions as the patient is improving with prior treatment. For physical medicine, the MTUS Guidelines, pages 98 and 99, recommends for myalgia and myositis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the patient has had a recent course of 12 physical therapy sessions, but the provider does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the providers request for additional 6 sessions, with the 20 sessions already received, exceeds what is recommended by the MTUS Guidelines. Therefore, the request is not medically necessary.