

Case Number:	CM14-0181242		
Date Assigned:	11/05/2014	Date of Injury:	11/10/2012
Decision Date:	01/02/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 47 year old male who sustained a work place injury on 11/10/12. He was being treated for cervical radiculopathy and cervical discogenic pain. His treatment included cervical epidural steroid injection in May 2014 without improvement, medications and home exercise program. The clinical note from 10/09/14 was reviewed. He had neck pain with radiation to upper extremities. Pertinent objective findings included limited range of motion of cervical spine. Diagnosis was C5-C6 3.6 mm disc bulge. The plan of care included continuing home exercises, follow up with psychiatry 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 2-3 times a week for 6 weeks (12-18 total sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering and the Restoration of Function chapter, page 114; and the Official Disability Guidelines, Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy

Decision rationale: The employee was a 47 year old male who sustained a work place injury on 11/10/12. He was being treated for cervical radiculopathy and cervical discogenic pain. His treatment included cervical epidural steroid injection in May 2014 without improvement, medications and home exercise program. The clinical note from 10/09/14 was reviewed. He had neck pain with radiation to upper extremities. Pertinent objective findings included limited range of motion of cervical spine. Diagnosis was C5-C6 3.6 mm disc bulge. The plan of care included continuing home exercises, follow up with psychiatry and physical therapy. According to Official disability guidelines, up to 10 visits of physical therapy over 8 weeks are recommended for displacement of cervical intervertebral disc. The employee was almost 2 years from the original date of injury. His records available for review indicate that he had been on a home exercise program. He had ongoing neck pain with radiation to upper extremities not responding to cervical ESI. It is not clear how many sessions of physical therapy he had attended prior to the most recent request. There is no documentation of acute exacerbation of chronic pain. The request for physical therapy is not medically necessary or appropriate.