

Case Number:	CM14-0184953		
Date Assigned:	11/12/2014	Date of Injury:	12/01/1999
Decision Date:	03/05/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; earlier cervical spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for 12 sessions of postoperative physical therapy involving the cervical spine. The claims administrator stated that the applicant was still smoking and had had 96 sessions of physical therapy, 12 sessions of acupuncture, and four epidural steroid injections. The date the applicant underwent cervical spine surgery was not furnished, nor was it stated whether or not all of the 96 physical therapy treatments transpired during the postsurgical physical medicine treatment period or not. The claims administrator stated that its decision was based on a September 10, 2014 office visit and Request for Authorization (RFA) form dated September 23, 2014. The applicant's attorney subsequently appealed. The applicant did undergo a lumbar laminectomy/decompression surgery at L4-L5 on July 8, 2014. The applicant was discharged from the hospital on June 10, 2014. On August 22, 2014, the applicant reported ongoing complaints of neck and low back pain, six weeks removed from the right L4-L5 decompression surgery. The applicant was still smoking a pack a day. A new cervical MRI reportedly demonstrated a central disk herniation at C3-C4. The applicant was asked to return to discuss further surgical options involving the cervical spine. The remainder of the file was surveyed. It

did not appear that either the September 10, 2014 office visit or September 23, 2014 Request for Authorization (RFA) form were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op physical therapy 2 x 6 wks to the cervical spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section and Physical Medicine Page(s).

Decision rationale: While the request was posited as a postoperative request, there is no evidence that the applicant has had any recent cervical spine surgery at any point during the six months preceding the request for authorization, September 23, 2014. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The applicant has had prior treatment (96 sessions, per the claims administrator), seemingly well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, there was no explicit mention or discussion of functional improvement with the earlier extensive physical therapy involving the cervical spine. The MTUS Guideline in ACOEM Chapter 3, page 48 further qualifies the MTUS position on physical therapy by noting that it is incumbent upon a prescribing provider to furnish a prescription for physical therapy which 'clearly states treatment goals.' Here, the September 10, 2014 progress note and associated September 23, 2014 Request for Authorization (RFA) form were not incorporated into the Independent Medical Review packet. The information which is on file, by definition, thus, failed to clearly outline treatment goals insofar as the cervical spine is concerned. While it is acknowledged that the September 10, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.