

Case Number:	CM14-0186742		
Date Assigned:	11/18/2014	Date of Injury:	06/24/2013
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 45 year old female with an injury date of 06/24/13. Based on the progress report dated 10/16/14, the patient complains of constant pain in the cervical spine that is aggravated by repetitive pushing, pulling, lifting, forward reaching, and working at or above shoulder level. The sharp pain radiates to the upper extremities and is also associated with migrainous headaches and tension between shoulder blades. The pain is rated at 8/10. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. The axial loading compression test and Spurling's maneuver are positive. Range of motion is limited and painful. There is tingling and numbness in the lateral forearm and hand, greatest over thumb and middle finger which correlates to C6 and C7 dermatomal pattern. Physical examination of the lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. Medications are helping reduce symptoms and improve activities of daily living, as per progress report dated 10/16/14. The patient received an intramuscular injection of Depo Medrol and Marcaine, as per progress report dated 09/12/14. The patient had MRI and CT scan for her back, as per QME report dated 08/12/14. However, the findings are not discussed in the available reports. The 03/27/14 report states that the patient is allowed to "return to full duty with no limitations or restrictions. Diagnosis as of 10/16/14 includes lumbago and cervicgia. The treating physician is requesting for (a) 12 physical therapy sessions for cervical spine (b) 12 physical therapy sessions for lumbar spine. The utilization review determination being challenged is dated 10/22/14. The rationale is as follows: (a) 12 physical therapy sessions for cervical spine - "For chronic pain of musculoskeletal origin, the guidelines support 9-10 visits with a trial of care to determine its efficacy." (b) 12 physical therapy sessions for lumbar SPINE - "For patients with chronic low

back pain a trial of care can be provided. As long as functional improvement and program progression are documented, care can continue up to 9-10 weeks." Treatment reports were provided from 11/21/13- 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical spine: Upheld

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

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

Decision rationale: The patient presents with constant pain in the cervical spine, rated at 8/10, that radiates to upper extremities and is aggravated by repetitive pushing, pulling, lifting, forward reaching, and working at or above shoulder level. Physical examination of lumbar and cervical spine reveals palpable paravertebral muscle tenderness with spasm. The request is for 12 physical therapy sessions for cervical spine. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Review of the available reports indicates that the patient has not received physical therapy for cervical spine pain. The patient has constant pain rated at 8/10. Although medications are helping reduce pain and improve functionality, as per progress report dated 10/16/14, they may lead to dependency. Hence, other types of conservative therapies such as physical therapy may be beneficial. However, the patient is not post-operative and the request for 12 sessions exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.

12 physical therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with constant pain in the cervical spine, rated at 8/10, that radiates to upper extremities and is aggravated by repetitive pushing, pulling, lifting, forward reaching, and working at or above shoulder level. Physical examination of lumbar and cervical spine reveals palpable paravertebral muscle tenderness with spasm. The request is for 12 physical therapy sessions for lumbar spine. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Review of the available reports indicates that the patient has not received physical therapy for lumbar spine pain. The patient has constant pain rated at 8/10. Although medications are helping reduce pain

and improve functionality, as per progress report dated 10/16/14, they may lead to dependency. Hence, other types of conservative therapies such as physical therapy may be beneficial. However, the patient is not post-operative and the request for 12 sessions exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.