

Case Number:	CM14-0192019		
Date Assigned:	11/25/2014	Date of Injury:	02/26/2014
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 46 year old male who was injured at work on 02/26/2014. He is reported to be complaining of headaches and neck pain. The physical examination revealed limited range of motion of the cervical spine, tenderness and spasms of the neck; decreased reflexes at the biceps. The worker has been diagnosed of cervicobrachialgia, cervical radiculopathy, concussion with loss of consciousness of unspecified duration. Treatments have included six physical therapy visits, Tramadol, and Esigc. At dispute is the request for 12 visits of PT (physical therapy) to cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of PT (physical therapy) to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter

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

Decision rationale: The injured worker sustained a work related injury on 02/26/2014. The medical records provided indicate the diagnosis of cervicobrachialgia, cervical radiculopathy, concussion with loss of consciousness of unspecified duration. Treatments have included six

physical therapy visits, Tramadol, and Esigc. The medical records provided for review do not indicate a medical necessity. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; and for a total of 8-10 visits over 4 weeks in cases of Neuralgia, neuritis, and radiculitis. Therefore, since the injured worker has already had six visits, 12 additional visits are not medically necessary and appropriate.