

Case Number:	CM14-0195300		
Date Assigned:	12/03/2014	Date of Injury:	03/04/2013
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 & 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 36 year old male with the injury date of 03/04/13. Per treating physician's report 09/08/14, the patient has neck pain and right shoulder, rating as 5/10. The patient is working with modified duties. His cervical flexion is 30 degrees, extension is 50 degrees, lateral bending is 20 degrees bilaterally and rotation is 30 degrees bilaterally. Spurling test is negative bilaterally. The list of diagnoses is: 1) Cervical spine spondylosis with myelopathy 2) Cervical herniated nucleus pulposus 3) Cervical disc degeneration 4) Cervical spinal stenosis 5) Cervicalgia 6) Shoulder impingement/ bursitis 7) Shoulder contusion 8) Shoulder arthralgia Per progress report 08/07/14, the patient has pain in her neck, radiating down her left shoulder and left arm, rating as 6/10. The patient reports having numbness in her left 3rd, 4th and 5th fingers. The patient has not been on any pain medication. MRI from 03/20/13 reveals disc collapse and herniation at C5/6, left sided stenosis and neuroforaminal stenosis, severe. Xray from 03/27/14 reveals loss of lordosis, spondylosis and disc collapse at C5/6, mild spondylosis at C3/4 and C4/5. The utilization review determination being challenged is dated on 11/07/14. Treatment reports were provided from 05/23/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks of The Cervical Spine: Upheld

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

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

Decision rationale: The patient presents pain in her neck and shoulders. The request is for 12 sessions of physical therapy for the cervical spine. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. Per the utilization review letter 11/07/14, "the patient had 8 physical therapy with no objective functional improvement." The treater does not discuss reason for additional therapy request. It would appear based on UR letter that the prior therapy treatments have not resulted in much success and there is no explanation as to why therapy can be helpful now. There is no report of a flare-up, exacerbation or a new injury. Furthermore, the current 12 sessions combined 8 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.