

Case Number:	CM14-0197709		
Date Assigned:	12/08/2014	Date of Injury:	10/25/2000
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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 58-year old male with the injury date of 10/25/00. Per physician's report 10/10/14, the patient has constant neck pain, radiating down to the spine and upper extremities bilaterally with tingling or numbing sensations, at 5-6/10. The patient is currently taking Percocet, MS Contin and Senna. ROM of cervical spine has been improved by 25% with physical therapy. The patient remains off work. The lists of diagnoses are: 1) S/P decompression and fusion, corpectomy and instrumentation, anterior and posterior cervical spine, date is not specified 2) S/P repeat posterior decompression with residuals 3) Chronic protrusion and stenosis of the lumbosacral spine at L2 through S14) Chronic persistent left C3-C4 radiculopathy per EMG 5) S/P anterior cervical and fusion on 08/03/13 6) Postoperative muscle atrophy Per 09/12/14 progress report, the patient complains of headaches and neck pain at 5-6/10 without medication. The patient currently attends physical therapy with deep tissue massage for the cervical spine twice a week. Per 08/11/14 progress report, the patient states that physical therapy with deep tissue massage has been helpful in relieving his pain. Examination of cervical spine reveals 50% improved ROM with deep tissue massage. The utilization review determination being challenged is dated on 10/28/14. Treatment reports were provided from 06/18/14 to 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x wk x 4 wks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck & Upper Back

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

Decision rationale: The patient presents with pain and weakness in his neck and upper extremities bilaterally. The patient is s/p anterior cervical and fusion on 08/03/13. The request is for 8 Sessions of Physical Therapy for the cervical spine. The current request of 8 therapy sessions is outside of post-operative time frame as the request is outside of 6 months following the neck surgery. 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. The utilization review letter on 10/28/14 indicates that the patient attended 37 sessions of physical therapy and noted 25% improvement in cervical spine range of motion. Review of the reports does not discuss how the patient has responded to treatments in terms of pain reduction or functional improvement except 25% ROM improvement and what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The physician does not explain why the patient is unable to transition in to a home program. The current request for 8 combined 37 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.