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| Case Number: | CM14-0198729 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 09/07/2013 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] Maintenance worker who has filed a claim for chronic neck pain, myofascial pain syndrome, mid back pain, low back pain, and posttraumatic headaches reportedly associated with an industrial contusion injury of September 7, 2013. In a Utilization Review Report dated October 30, 2014, the claims administrator denied a request for six sessions of physical therapy. The claims administrator suggested that the applicant had completed 30 sessions of physical therapy to date and had not benefitted from the same. The claims administrator referenced an RFA form and progress notes of August 6, 2014, July 7, 2014, September 14, 2014, and July 30, 2014 in its determination. In a Doctor's First Report dated February 24, 2014, the applicant was placed off of work, on total temporary disability, for one month, while six sessions of physical therapy, x-rays of the cervical spine, cervical MRI imaging, a pharmaceutical consultation, and a neuropsychiatry consultation were sought. On August 13, 2014, the applicant again reported ongoing complaints of headaches, neck pain, mid back pain, and low back pain. The applicant was placed off of work, on total temporary disability on this occasion as well. On July 30, 2014, the applicant received various dietary supplements, topical compounds, and oral suspensions from yet another treating provider. On September 16, 2014, the applicant was asked to pursue 18 sessions of physical therapy and manipulative therapy while several dietary supplements and topical compounds were endorsed owing to ongoing complaints of 7-8/10, constant, moderate-to-severe headaches, postconcussive symptoms, neck pain, and low back pain. In a separate progress note dated September 29, 2014, an additional six sessions of physical therapy, speech therapy, and neuropsychological consultation, and cervical MRI imaging were endorsed while the applicant was again kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for six sessions of physical therapy for the cervical spine is not medically necessary, medically appropriate, or indicated here. The applicant has had extensive prior treatment (30 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reported present here. The applicant has, however, seemingly failed to profit from the same. The applicant remains off of work, on total temporary disability. The applicant remains dependent on various dietary supplements, topical compounds, oral suspensions, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of extensive prior physical therapy already well in excess of the MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.