MAXIMUS Federal Services

Case Number:	CM14-0199085		
Date Assigned:	12/09/2014	Date of Injury:	01/14/2013
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
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 Iowa. 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 47 year-old male/female with a date of injury of 1/14/2013. A review of the medical documentation indicates that the patient is undergoing treatment for neck pain, headaches, and possible concussion injury. Subjective complaints (10/1/2014 and 12/18/2014) include numbness in the face, jaw pain radiating to the left ear, headaches, vertigo, nausea, photophobia, visual and hearing difficulty, and difficulty with balance. Objective findings (10/1/2014 and 12/18/2014) include tenderness in the cervical paraspinal musculature C3-7, pain with flexion, and normal neurological exam. Diagnoses include traumatic vertigo, XXX. The patient has undergone studies to include MRI (brain) which is reported normal, MRI (cervical) which is reported to show disc protrution at C4-7; both done in 2/2014. The patient has previously undergone multiple medical therapies, TENS unit, and physical therapy. A utilization review dated 11/20/2014 did not certify the request for Physical therapy, cervical spine, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment to the cervical spine for 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Neck and Upper Back, Physical Therapy, ODG Preface, Physical Therapy

Decision rationale: According to MTUS guidelines, physical therapy is recommended for chronic pain when accompanied by a self-directed home physical medicine program. The guidelines recommend fading of treatment frequency, from 3 visits per week to 1 or less. ACOEM also recommends a home exercise program to accompany physical therapy. ODG generally recommends a six-visit clinical trial of physical therapy with documented objective and subjective improvements. For cervicalgia (neck pain), ODG recommends an initial therapy of 9 visits over 8 weeks and 10 visits over 8 weeks for sprains/strains of the neck. All guidelines also recommend that after initial trial periods, clear evidence of improvement with treatment should be appreciable. The medical documentation does not indicate that the patient has a regular home exercise program. The patient has undergone initial physical therapy of 10 sessions, and the treating physician does note in the 10/1/2014 visit that "He (patient) reports that the physical therapist has recommended that he continue with PT and feels he is making progress with the provided PT sessions." However, there is no clear and detailed statement of what functional improvement has occurred or objective evidence of this improvement. A note from the physical therapy session does contain some evidence of initial improvement, but the physician documentation does not detail if this is continued or what functional outcome has occurred. Therefore, the request for Physical therapy, cervical spine, 8 sessions, is not medically necessary at this time.