

Case Number:	CM14-0204597		
Date Assigned:	12/16/2014	Date of Injury:	03/31/2014
Decision Date:	02/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/05/2014

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 37 year old female with an injury date on 03/31/2014. Based on the 10/24/2014 progress report provided by the treating physician, the diagnosis is: 1. Cervical spine discogenic neck pain with left upper extremity radiculopathy. According to this report, the patient complains of "continues to have burning on the left side of her neck, which at times, even with her normal daily activities, gets so bad that she needs to stop and rest." Examination findings show "left paraspinal tenderness of cervical spine. There is decreased range of motion of the cervical spine. Head compression test causes neck pain." Spurling test is mildly positive on the left side. The treatment plan is requesting for additional physical therapy sessions, recommend for evaluation by pain management specialist for epidural injection, continue home cervical stabilization exercises, continue with medication on an as-needed basis, and appointment in four to six weeks. The patient's work status is "totally temporary disabled." The patient's past treatment consists of cervical MRI 06/26/2014 and medications. There were no other significant findings noted on this report. The utilization review denied the request for physical therapy 2x6 for cervical and thoracic on 11/03/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/01/2014 to 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 for Cervical & Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical Therapy (PT)

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

Decision rationale: According to the 10/24/2014 report, this patient presents with neck pain. The current request is for physical therapy 2x6 for cervical and thoracic. In reviewing the provided reports, the treating physician mentions that the patient "just completed 12 sessions of physical therapy. She states that these 12 sessions were much more helpful compared to the first 12 sessions that she had at a different facility. She states that her mobility has gotten better." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the requested 12 additional visits exceed what is allowed per MTUS. MTUS allows 8-10 sessions for this type of condition; therefore, the request is not medically necessary.