

Case Number:	CM14-0206284		
Date Assigned:	12/18/2014	Date of Injury:	06/15/2012
Decision Date:	02/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/09/2014

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 57 year old male with the injury date of 06/15/12. Per physician's report 10/03/14, the patient has pain in neck pain. His neck pain radiates down his shoulders and radiates up to head and causes headaches. Physical therapy helps the patient. The patient is taking Topomax and Naproxen. The diagnosis is Cervical Radiculopathy. Per 09/29/14 physical therapy progress report, the patient reports "physical therapy has helped with decreasing pain and tension in neck... His headaches have become less frequent." His cervical flexion is 50 degrees, extension is 55 degrees, right rotation is 75 degrees and left rotation is 70 degrees. His neck pain is at 3/10. Per 07/28/14 physical therapy progress report, the patient has neck pain at 6/10. His cervical flexion is 70 degrees, extension is 55 degrees, bending is 25 degrees bilaterally, right rotation is 80 degrees and left rotation is 70 degrees. The utilization review determination being challenged is dated on 11/20/14. Treatment reports were provided from 07/03/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for cervical spine 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in his 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. The 11/17/14 physical therapy report indicates that the patient has had 30 sessions of physical therapy. Review of the reports does not discuss what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined 30 already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.