

Case Number:	CM14-0026304		
Date Assigned:	06/13/2014	Date of Injury:	05/11/2009
Decision Date:	03/30/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 45-year old female, who sustained an industrial injury on 5/11/2009. On 3/3/14, the injured worker submitted an application for IMR for review of eight additional physical therapy two times per week for four weeks for the neck as outpatient (between 2/10/14 and 3/27/14). The treating provider has reported the injured worker complained of low back pain, headache and GI /GU symptoms with poor quality of sleep. The diagnoses have included cervical sprain/strain, right and left hand sprain/strain, lumbar sprain/strain and insomnia. There are associated diagnoses of depression, seizure disorder and insomnia. Treatment to date has included physical therapy between 12/16/13 through 11/6/14), status post microdecompression (11/14/11), status post anterior cervical decompression and fusion C3-4 (4/24/13), medication for upper GI prevention for gastritis. The medications listed are Trazodone, Celexa and Meloxicam. On 2/18/14 Utilization Review non-certified eight additional physical therapy two times per week for four weeks for the neck as outpatient (between 2/10/14 and 3/27/14). The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL PHYSICAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS FOR THE NECK AS OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the treatment of chronic musculoskeletal pain. Physical therapy treatments can result in reduction in pain, increase in range of motion and functional restoration. The records indicate that the patient completed 4 weeks of PT following the cervical spine surgery. There is documentation of functional improvement following the PT treatments. There is documentation of residual functional limitation and significant neck pain that can benefit from additional physical therapy treatments. The guidelines recommend up to 34 PT treatments over 16 weeks following cervical spine fusion surgery. The criteria for 8 additional PT 2 times a week over 4 weeks to the neck as outpatient was met.