

Case Number:	CM14-0097390		
Date Assigned:	07/28/2014	Date of Injury:	09/06/2012
Decision Date:	03/06/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 37 year old female with a date of injury of September 6, 2012. Results of the injury include neck and left shoulder. Diagnosis include multilevel cervical spondylosis with intermittent left upper extremity radiculopathy. Treatment has included Flexeril, anti-inflammatories, and trigger point injection of the cervical spine with immediate relief. Electroencephalogram study was normal with no evidence of any seizure activity or focal abnormality. Further diagnostic studies were not provided. Progress report dated May 5, 2014 revealed moderate tenderness to palpation in the cervical region, range of motion was decreased. Spurling's test was positive on the left. Disability status was noted as permanent and stationary. Treatment plan included Motrin, Flexeril, and physical therapy. Utilization review form dated June 16, 2014 non certified physical therapy 2 x week x 6 weeks cervical due to noncompliance with MTUS and Official Disability Guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6wks Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Neck Chapter, Physical Therapy Guidelines

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 state the following: "Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.-Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks" The injured worker in this case carries diagnoses of chronic neck pain, cervical spondylosis, and intermittent cervical radiculopathy. Therefore, we can reference the ODG in order to get more specific physical therapy guidelines regarding these particular diagnoses. The ODG specifies the following time courses for this diagnosis: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks Therefore the request for 12 visits of physical therapy is in excess of guidelines. Furthermore, the functional benefit of prior physical therapy was not noted in the submitted documentation. It is noted that this is a remote injury, yet a comprehensive summary of physical therapy to date is not found. This request is not medically necessary.