

Case Number:	CM15-0001541		
Date Assigned:	01/13/2015	Date of Injury:	10/01/2009
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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

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 52-year-old female who reported an injury on 10/01/2009. The mechanism of injury was due to patient falling forward hitting her head and upper left side of the body against a water main. The injured worker has a diagnosis of disc disorder of the cervical spine, cervical radiculopathy, cervical pain, joint pain to the ankle, post cervical laminectomy syndrome, and disc disorder of the lumbar spine. Past medical treatment consists of spinal fusion, hardware removal, therapy, and medication therapy. Medications include Lidoderm 5% patch, docusate sodium, Flexeril 10 mg, Senokot, Lyrica 225 mg, doxepin 10 mg, Zoloft 100 mg, and Ambien 10 mg. On 08/08/2014, the injured worker underwent an MRI of the cervical spine which revealed degenerative disc disease at C4-5, C5-6 with 1 mm HNP and gliosis C5-6. On 12/09/2014, the injured worker complained of neck pain, right ankle pain, and right foot pain. The injured worker rated the pain at 6/10 with medications. Physical examination of the lumbar spine revealed range of motion restricted due to pain. There was tenderness noted at the paracervical muscles and trapezoids. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. There was no scoliosis, asymmetry, or abnormal curvature noted in the inspection of the thoracic spine. Range of motion of the lumbar spine was also restricted due to pain. Sensory examination revealed light touch was decreased over the lateral foot, medial foot, lateral calf, lateral forearm on the right side and lateral foot, medial foot, thumb, index finger, middle finger, ring finger, little finger, medial hand, and lateral hand. Romberg's test was slow finger-to-nose and heel to shin on the left versus the right. Medical treatment plan is for the injured worker to continue with physical therapy to the cervical spine.

The provider feels additional physical therapy to the neck is necessary for strengthening and to teach home exercise program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 visits for the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for physical therapy x12 visits for the cervical spine is not medically necessary. The California MTUS Guidelines recommend physical medicine in controlling symptoms such as pain, inflammation, and swelling to improve the rate of healing soft tissue injuries. The guidelines recommend 9 to 10 visits over 8 weeks. The submitted documentation indicated that the injured worker had undergone physical therapy. However, there was no indication of the efficacy of the medication, nor was there any indication of how many physical therapy sessions the injured worker has completed to date. In the absence of the documentation regarding previous physical therapy, medical necessity cannot be established. As such, the request is not medically necessary.