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| Case Number: | CM15-0019772 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 06/29/2010 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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, District of Columbia, Maryland
 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 48-year-old male, with a reported date of injury of 06/29/2010. The diagnoses include status post revision of the cervical spine fusion at C5-7 and non-union at C6-7. Treatments have included cervical spine fusion at C5-7 on 07/23/2014, and a computerized tomography (CT) scan of the cervical spine. The neurosurgical re-evaluation report dated 12/03/2014 indicates that the injured worker reported ongoing neck pain on the right side with right upper extremity numbness and tingling. He rated the pain 6 out of 10. The physical examination showed a well-healed anterior cervical scar, no evidence of effusion or discharge, normal bilateral upper extremity motor strength. The treating physician requested physical therapy two times a week for six weeks for the cervical spine. No rationale for the request was indicated. On 12/26/2014, Utilization Review (UR) denied the request for physical therapy two times a week for six weeks for the cervical spine, noting that it was not clear what the issue was and that most of the medical records deal with the lumbar spine. The MTUS Postsurgical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x weeks x 6 weeks (12 sessions) cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."Per the ODG guidelines: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):9 visits over 8 weeksPer progress report dated 12/3/14, it was noted that the injured worker reported ongoing neck pain rated 6/10 on the right side with right upper extremity numbness and tingling. I respectfully disagree with the UR physician's assertion that there was no indication for physical therapy. However, as the request is for 12 sessions, which is in excess of the guideline recommendation, medical necessity cannot be affirmed.