

Case Number:	CM15-0131194		
Date Assigned:	07/17/2015	Date of Injury:	04/21/2012
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

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 64 year old male who sustained an industrial injury on 04/21/2012. Mechanism of injury was not documented. Diagnoses include cervical spine sprain and strain with spondylosis and disc desiccation at C2-T1, and fractured C6 vertebrae. Treatment to date has included diagnostic studies, medications, and physical therapy. His medications include Voltaren, Fexmid and Naproxen. He continues to work part time, 5-6 hours a day 5 days a week. A physician progress note dated 05/29/2015 documents the injured worker complains of neck pain. He rates his pain as 4-8 out of 10. He has moderate, frequent pain and soreness noted. On examination there was decreased lordosis of the cervical spine, and tenderness to palpation over the para spinal muscles. He has positive muscle guarding, and there was pain with axial compression. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes Voltaren XR 100mg #30, and Fexmid 7.5mg #60. Treatment requested is for Physical therapy 2 x weeks x 4 weeks, cervical (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 4 weeks, cervical (8 sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for chronic neck pain. Treatments have included medications and physical therapy. When seen, he was having ongoing neck pain. There was cervical spine and trapezius muscle tenderness and local pain with cervical compression. There were muscle spasms and guarding. Medications were refilled and additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.