

Case Number:	CM15-0131646		
Date Assigned:	07/17/2015	Date of Injury:	10/02/2014
Decision Date:	08/14/2015	UR Denial Date:	07/06/2015
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: 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 47 year old female, who sustained an industrial injury on 10/2/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having post-concussion syndrome, chronic pain, cervical disc degeneration, cervical disc displacement and headache. There is no record of a recent diagnostic study. Treatment to date has included radiofrequency ablation, physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 6/17/2015, the injured worker complains of head and neck pain-left greater than right, rated 8-9/10. Physical examination showed cervical tenderness. The treating physician is requesting 6 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks, in treatment of the neck, QTY: 6:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Medicine, Facet joint radiofrequency neurotomy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG also recommends that there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Within the documentation available for review, after the request was non-certified, the provider noted that the patient did receive pain relief, improved ROM, and functional benefit from PT performed in 2014. The patient underwent cervical facet radiofrequency ablation in May and noted significant benefit on the right, but pain is still severe on the left. The provider desired a course of PT in conjunction with the radiofrequency ablation. Given that the patient did receive functional benefit from PT performed in 2014 with increased symptoms/findings since that time and that the PT is intended for use in conjunction with the radiofrequency ablation, a short course of PT appears reasonable. In light of the above, the currently requested physical therapy is medically necessary.