

Case Number:	CM15-0134887		
Date Assigned:	07/23/2015	Date of Injury:	06/19/2014
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 19, 2014. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for physical therapy for the cervical spine. The claims administrator referenced an RFA form received on June 24, 2015 in its determination, along with an associated progress note dated May 6, 2015. The claims administrator stated that its decisions were based on ACOEM and ODG Guidelines but did not precisely state which guidelines were being referenced. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, upper back, mid back, and shoulder pain with derivative complaints headaches. The applicant was using Soma, Percocet, and Norco for pain relief as of that point in time. In a progress note dated May 6, 2015, the applicant again reported ongoing complaints of neck, mid back, and low back pain. The applicant was using Tramadol, Norflex, Lunesta, and Ambien as of that point in time, it was reported. Nine to ten sessions of physical therapy were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. MRI imaging of the cervical spine, thoracic spine, and lumbar spine were all proposed. It did not appear that the applicant was working with said 10-pound lifting limitation in place, although this was not explicitly stated. In a handwritten progress note dated March 20, 2015, Ultram, Norflex, and Lunesta were all renewed, without any discussion of medication efficacy. Twelve sessions of manipulative therapy were endorsed, while the applicant was placed off of work, on total temporary disability. In a handwritten note

dated April 17, 2015, Ultram and Norflex were renewed without any discussion of medication efficacy. Additional manipulative therapy and physical therapy were endorsed. It was acknowledged that the applicant was off of work, on total temporary disability, as of this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, three times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, and Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for nine sessions of physical therapy for the cervical spine was medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, it did not appear that the applicant had returned to work following receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant was given a rather proscriptive 10-pound lifting limitation via the May 6, 2015 progress note at issue. The applicant remained dependent on a variety of analgesia and adjuvant medications such as Tramadol and Norflex, it was reported on said progress note of May 6, 2015. Three different MRIs were ordered on that date. An April 17, 2015 progress note explicitly stated that the applicant was off of work, on total temporary disability, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for nine additional sessions of physical therapy was not medically necessary.