

Case Number:	CM15-0139135		
Date Assigned:	07/29/2015	Date of Injury:	05/19/2011
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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, Hawaii

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 54 year old female, who sustained an industrial injury on 5/19/11. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic cervical pain with upper extremity syndrome; trigger points cervical paraspinal. Treatment to date has included status post cervical spine arthrodesis/fusion C5-6 (6/10/11); physical therapy; acupuncture; TENS unit; urine drug screening; medications. Diagnostics studies included CT scan cervical spine (10/10/14). Currently, the PR-2 notes dated 6/13/15 indicated the injured worker complains of multiple trigger points cervical paraspinal musculature/cervical trapezius. Trigger points remained refractory to treatment. Studies result in decline in range of motion and increased pain. She is asking what her options would be at this date. The provider documents a trial of a topical antiepileptic drug was efficacious. And recalls failed first and second line agents in this regard. The injured worker reports that without medications activities of daily living are in jeopardy and has an inability to adhere to the recommended exercise regime due to pain. Objective findings are documented as tenderness of the cervical spine with cervical range of motion limited. She is a status post cervical fusion on 6/10/11. She has had physical therapy, acupuncture uses a TENS unit and prescribed pain medications. The provider is requesting authorization of additional Physical therapy 3 times a week for 4 weeks (12 visits) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks (12 visits) for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Medicine Guidelines.

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

Decision rationale: The patient presents with multiple trigger points cervical paraspinal musculature/cervical trapezius. Trigger points remain refractory to treatment. Studies result in decline range of motion and increase in pain. The current request is for 12 sessions of physical therapy for the cervical spine. PR-2 dated 2/5/15 (20B) notes that the patient completed her 10 sessions of physical therapy for the cervical spine. The treating physician states on 6/13/15 (62B) Request for additional physical therapy cervical spine at 3 times per week for 4 weeks remains non-approved. We will adhere to this as multiple tender trigger points did remain refractory to physical therapy. Myofascial pain component remains refractory, worsening. On 7/9/15 (69B), the treating physician notes cervical myofascial component/trigger points remained refractory to injections, physical therapy, home exercise, activity modification, NSAIDs. MTUS guidelines indicate that Physical Therapy is recommended: 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. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.