

Case Number:	CM15-0143481		
Date Assigned:	08/31/2015	Date of Injury:	03/12/2014
Decision Date:	09/30/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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, Florida, 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:

This 41 year old female sustained an industrial injury to the neck and back on 3-12-14. Previous treatment included medications. Physical therapy had been recommended at the time of injury; however, the injured worker never participated due to pregnancy. Magnetic resonance imaging cervical spine (10-15-14) showed multilevel disc bulges with mild bilateral neural foraminal narrowing at C7-T1. Magnetic resonance imaging lumbar spine (10-15-14) showed disc bulges at L4-5 and L5-S1 with right neural foraminal narrowing and an annular tear at L5-S1. In a PR-2 dated 6-5-15, the injured worker complained of neck and low back pain with radicular pain in both legs, throbbing pain in both hands and daily headaches lasting over 5hours. Physical exam was remarkable for restricted range of motion of the lumbar spine due to pain, difficulties with forward flexion and backward extension, limited range of motion of the cervical spine with tenderness to palpation at the spinal and paraspinal musculature of the cervical spine and tenderness to palpation in the shoulder. Current diagnoses included lumbar spine and cervical spine radiculopathy and hand pain. The treatment plan included continuing medications (Neurontin, Mobic and Omeprazole), adding Topamax and physical therapy for the cervical spine and lumbar spine twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (cervical) 2 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC) Preface, Physical Therapy/Chiropractic Guidelines and Neck & Upper Back Procedure Summary online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 98 of 127.

Decision rationale: This claimant was injured 1.5 years ago. Physical therapy had been recommended at the time of injury; however, the injured worker never participated due to pregnancy. As of June there was still neck and low back pain with radicular pain in both legs, throbbing pain in both hands and daily headaches lasting over 5 hours. The request is for 12 sessions of therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. 12 sessions requested also exceed the MTUS. This request for the skilled, monitored therapy was appropriately non-certified when contrasted with MTUS criteria.