

Case Number:	CM15-0149162		
Date Assigned:	08/14/2015	Date of Injury:	10/01/2013
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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 42 year old female who sustained an industrial/work injury on 10-1-13. She reported an initial complaint of neck pain that radiated down right arm and scapula. The injured worker was diagnosed as having cervical disc herniation and cervical radiculitis. Treatment to date includes medication, diagnostics, chiropractor care, physical therapy, braces, and surgery (cervical fusion). MRI results were reported on 6-23-14 to include mild disc bulge at C4-5, moderate disc degeneration and mild central disc protrusion at C5-6, mild disc bulge at C6-7, disc degeneration at T2-3. X-ray results were reported on 8-22-14 that note only loss of cervical lordosis. EMG-NCV (electromyography and nerve conduction velocity test) was done on 6-11-14 that reported mild right C5-6 radiculitis with no evidence of carpal tunnel syndrome, ulnar neuropathy, or radial neuropathy. There was irritability in right C5-6 paraspinals. Currently, the injured worker complained of increase in right arm pain and muscle spasms. Per the primary physician's report (PR-2) on 4-16-15, exam noted normal gait, trace weakness of the right triceps muscle, 2-3+ deep tendon reflexes, and no pathological reflexes. The requested treatments include physical therapy to 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 x wk x 6 wks Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course 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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for cervical radiculitis/DDD and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.