

Case Number:	CM15-0180921		
Date Assigned:	09/22/2015	Date of Injury:	12/21/2001
Decision Date:	11/09/2015	UR Denial Date:	09/07/2015
Priority:	Standard	Application Received:	09/14/2015

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 December 21, 2001. In a Utilization Review report dated September 7, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a December 1, 2015 RFA form and an associated August 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported ongoing complaints of neck pain radiating into the bilateral upper extremities. Ancillary complaints of bilateral shoulder pain were reported. The applicant was pending a cervical epidural steroid injection. The applicant was placed off of work, on total temporary disability. Tramadol and 12 sessions of physical therapy were endorsed.

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 weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 12 sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the fact that the applicant remained off of work, on total temporary disability, coupled with the fact that the applicant remained dependent on opioid agents such as tramadol, as of the August 27, 2015 office visit at issue, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy is not medically necessary.