

Case Number:	CM15-0182924		
Date Assigned:	09/23/2015	Date of Injury:	02/14/2008
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Emergency 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 is a 60 year old male with a date of injury of February 14, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical failed back surgery syndrome, cervical radiculopathy, headaches, depression, insomnia, and chronic pain. Medical records dated June 9, 2015 indicate that the injured worker complains of neck pain that radiates down the bilateral upper extremities to the fingers, and to the mid back, associated numbness and bilateral occipital headaches, muscle spasms in the neck, lower back pain, radiating down the bilateral lower extremities, and pain rated at a level of 9 out of 10 on average and 10 out of 10 without medications. Records also indicate that the injured worker's pain is worsening, and that he has limitations with activities of daily living. A progress note dated August 4, 2015 notes subjective complaints similar to those documented on June 9, 2015. Per the treating physician (August 4, 2015), the employee has not returned to work. The physical exam dated June 9, 2015 reveals severely decreased cervical lordosis, unable to extend cervical spine, spasm at C4-7 bilaterally in the paraspinal muscles, tenderness of the spinal vertebral muscles at C4-7, tenderness to palpation at the trapezius muscles bilaterally, tenderness to palpation of the C3-T1 paravertebral area and bilateral occipital regions, myofascial trigger points with twitch response in the bilateral trapezius muscles, and levator muscles, severely limited range of motion of the cervical spine due to pain, and decreased sensation in the bilateral upper extremities in the C6-T1 dermatomes. The progress note dated August 4, 2015 documented a physical examination that showed no changes since the examination conducted on June 9, 2015. Treatment has included at least thirteen sessions of physical therapy with "Improved pain control and functional improvement", cervical spine fusion, home exercise, and medications. The original

utilization review (August 31, 2015) non-certified a request for eight sessions of physical therapy 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 2x4 Cervical Spine: 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): Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed 4 weeks and at least 15 prior sessions. The provider requested an additional 8 sessions. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions are necessary. Documentation concerning PT benefits is self-contradictory. Provider claims that PT has improved pain and function but patient reports increasing pain. Patient has already exceeded guideline recommendations and justification for additional PT does not meet guidelines. Additional Physical Therapy is not medically necessary.