

Case Number:	CM15-0183504		
Date Assigned:	09/24/2015	Date of Injury:	03/28/2011
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
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, 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 70 year old female, who sustained an industrial injury on March 28, 2011. Medical records indicate that the injured worker is undergoing treatment for neck pain, cervical spondylosis without myelopathy, strain of the ligament of the lumbosacral joint, lumbosacral spondylosis without myelopathy, myofascial pain syndrome, left cervical facet syndrome and left lumbar facet syndrome. The injured worker was noted to be permanent and stationary. The injured workers current work status was not identified. On 8-21-15 and 7-17-15 the injured worker complained of increased neck pain occasionally radiating down the left arm. The pain was described as throbbing, burning and occasionally aching. Objective findings included intact cranial nerves, normal motor strength and deep tendon reflexes were +2 except for the biceps +3 and left triceps. There was diminished pinprick at level cervical seven and cervical eight on both upper extremities. A Romberg test was negative. Treatment and evaluation to date has included medications, self-procured massage and physical therapy (6 visits in April and May of 2014). Current medications include Relafen, Flexeril, Prevacid and Lidoderm patches. The request for authorization dated 8-20-15 included a request for physical therapy two times a week for three weeks for the cervical spine. The Utilization Review documentation dated 8-27-15 non-certified the request for physical therapy two times a week for three weeks 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 2x3 for the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with pain affecting the neck with radiation down the left arm. The current request is for Physical therapy 2x3 for the cervical. The requesting treating physician report dated 7/17/15 (18B) provides no rationale for the current request. A report dated 3/1/15 (37B) states, "She also underwent physical therapy with partial relief." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy. The patient's status is not post-surgical. In this case, the patient has received an unknown quantity of physical therapy sessions to date and therefore it is uncertain if the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, there was a lack of documented functional improvement as the patient experienced only partial relief to a lesser extent from prior physical therapy. The current request is not medically necessary.