

Case Number:	CM15-0184569		
Date Assigned:	09/25/2015	Date of Injury:	09/29/2009
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 61-year-old male sustained an industrial injury on 9-29-09. Documentation indicated that the injured worker was receiving treatment for neck pain with cervical degenerative disc disease, right occipital neuralgia and cervicogenic headaches. Previous treatment included physical therapy and medications. In a PR-2 dated 1-9-15, the injured worker complained of neck pain, rated 3 to 4 out of 10 on the visual analog scale, associated with headaches. The injured worker also complained of stiffness in the neck and difficulty turning his head. Physical exam was remarkable for tenderness to palpation in the cervical paraspinal musculature, "stiffness with motion of the spine", tenderness to palpation to bilateral facet joints, dysesthesia and tenderness to palpation to the right occipital and flexion and extension of the cervical spine associated with pain. In a PR-2 dated 6-26-15, the injured worker complained of persistent neck pain rated 4 out of 10 on the visual analog scale. The injured worker reported that he had completed physical therapy, which helped with his strength. The traction he used in therapy helped with pain and headaches. Physical exam was remarkable for tenderness to palpation and spasms in the cervical spine musculature, "stiffness noted in motion of the spine", tenderness to palpation to the cervical facet joints in the right occipital region and cervical extension to 35 degrees associated with pain. In a PR-2 dated 8-11-15, the injured worker complained of persistent neck pain with radiation to the occipital region and right temporal regional associated with frequent headaches. Physical exam was remarkable for cervical spine with stiffness, spasms in the paraspinal musculature, tenderness to palpation to bilateral facet joints and aggravation of pain upon cervical extension. The physician documented that magnetic resonance imaging cervical spine

(12-3-11) showed minimal multilevel osteophyte spurring at the posterior disc margin. The physician documented that neurology evaluation dated 6-23-15 recommended trigger point injections, peripheral nerve injection to the occipital nerve, home exercise and physical therapy. The treatment plan included medications (Tramadol and Naproxen Sodium), home exercise and requesting authorization for physical therapy twice a week for three weeks. On 9-1-15, Utilization Review noncertified a request for physical therapy twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks (6 visits): 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: Physical therapy in the form of passive therapy for the cervical spine is recommended by the MTUS Guidelines as an option for chronic neck pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for muscular neck pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, records suggested a sufficient number physical therapy was completed. However, there was no clear report of functional or pain improvements directly related to these sessions. In addition, there was no clear evidence to suggest he could not do home-based unsupervised therapy such as exercises and even home traction if helpful. Therefore, this request for supervised therapy will be considered medically unnecessary.