

Case Number:	CM15-0185295		
Date Assigned:	09/25/2015	Date of Injury:	04/12/2010
Decision Date:	11/02/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The injured worker is a 57 year old male, who sustained an industrial injury on 4-12-10. The injured worker was diagnosed as having cervicgia; cervical disc displacement; skin sensation disturbance; concussion without coma; lumbosacral disc degeneration; other chronic pain; other back symptoms. Treatment to date has included trigger point injection; physical therapy; medications. Currently, the PR-2 notes dated 7-28-15 indicated the injured worker was seen as a follow-up and recheck. The injured worker presents with cervical pain and lumbar pain. The provider documents a physical examination: "Generalized moderate tenderness over the neck and shoulder girdle, Head and neck in neutral position, full, painless range of motion of the neck. Normal stability, Normal strength and tone, Left upper extremity: muscle strength of major muscle groups is 5 out of 5. Tone of major groups is normal. Normal muscle bulk (no atrophy). No fasciculations. Right upper extremity: muscle strength of major groups is 5 out of 5. Tone of the major groups is normal. Normal muscle bulk (no atrophy). No fasciculations. Range of Motion: Normal in the major joints. The neck is restricted in flexion and extension. The provider's treatment plan included goals-Increase the patient's ability to self-manage pain and related problems. Return to productive activity at home, socially, and or at work. Maximize and maintain optimal physical activity and function. He is refilling medications with Ultram to be decreased to BID, PRN for severe pain and cervical physical therapy 6 more sessions. He is also requesting an E-Stim unit to be used in conjunction with physical therapy. A PR-2 note dated 5-19-15 indicated the injured worker was there as a recheck. There is no chief complaint noted. The physical examination and plan remained the same as in the 7-28-15 note with the exception

of adding Butrans due to the decreased Ultram to BID. There is a "Clinic Note and Operative Record" dated 3-26-15 indicating the injured worker received a cervical trigger point injection for "cervical myofascial pain with trigger points Occipital Neuralgia". A Request for Authorization is dated 9-14-15. A Utilization Review letter is dated 8-17-15 and non-certification was for Physical therapy x 6 sessions for the cervical spine and E-Stim unit. A request for authorization has been received for Physical therapy x 6 sessions for the cervical spine and E-Stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions for the 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: The requested Physical therapy x 6 sessions for the cervical spine is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The treating physician has documented no chief complaint noted. The physical examination and plan remained the same as in the 7-28-15 note with the exception of adding Butrans due to the decreased Ultram to BID. There is a "Clinic Note and Operative Record" dated 3-26-15 indicating the injured worker received a cervical trigger point injection for "cervical myofascial pain with trigger points Occipital Neuralgia". The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy x 6 sessions for the cervical spine is not medically necessary.

E-Stim unit: 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): Electrical stimulators (E-stim).

Decision rationale: CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no

published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g.,repositioning, heat/ice, etc.)". The treating physician has documented no chief complaint noted. The physical examination and plan remained the same as in the 7-28-15 note with the exception of adding Butrans due to the decreased Ultram to BID. There is a "Clinic Note and Operative Record" dated 3-26-15 indicating the injured worker received a cervical trigger point injection for "cervical myofascial pain with trigger points Occipital Neuralgia". The treating physician has not documented any of the criteria noted above, or a current functional rehabilitation treatment program, or derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, E-Stim unit is not medically necessary.