

Case Number:	CM15-0193480		
Date Assigned:	10/07/2015	Date of Injury:	09/07/2011
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 47 year old female who reported an industrial injury on 9-7-2011. Her diagnoses, and or impressions, were noted to include: sprain of neck with para-cervical spasms; cervical disc degeneration; and sprain of back. Recent magnetic imaging studies of the cervical spine were done on 7-2-2015. Her treatments were noted to include: medication management and a return to full duty work. The primary physician progress notes dated 8-24-2015 were hand written and difficult to decipher, were noted to report complaints which included: neck pain rated 5 out of 10; positive magnetic resonance imaging bilateral upper extremities; headache pain rated 7 out of 10, with versus without nausea-vomiting; weakness in (illegible); and (illegible). The objective findings were noted to include trigger point with positive (illegible); para-cervical spasms with decreased range-of-motion; and (illegible). The physician's requests for treatment were noted to include physical therapy 8 for decreased range-of-motion-spasms. The Request for Authorization, dated 8-24-2015, was noted to include physical therapy #8. The Utilization Review of 9-9-2015 non-certified the request for 8 physical therapy session 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 of 8 visits for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2011 with injury to the neck and back after lifting a large, heavy box. Treatments have included physical therapy with a home exercise program. In July 2015, she was working full-time in real estate. When seen in August 2015, she had neck pain rated at 5-10/10 without radiating symptoms. She was having bilateral upper extremity numbness and tingling and headaches with nausea and vomiting. Physical examination findings included trigger points with twitch responses and paracervical spasms with decreased range of motion. Medication was prescribed and she was referred for eight sessions of physical therapy. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.