MAXIMUS Federal Services

Case Number:	CM15-0196958		
Date Assigned:	10/12/2015	Date of Injury:	07/12/2011
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male who sustained an industrial injury on 07-12-2011. According to an agreed medical re-examination dated 03-09-2015, the injured worker reported neck pain with radiating pain down the bilateral upper extremities. There was numbness and tingling to the same distribution. He was status post anterior cervical disc fusion in May 2014. He reported that the surgery was not helpful. The provider recommended therapy, medications and pain management for the future. According to a neurosurgical follow up evaluation dated 08-17-2015, the injured worker was status post anterior cervical discectomy and fusion at C5-C6 on 05-12-2014. He reported some neck pain and left greater than right arm pain into all fingers 2 to 5 bilaterally. He was now on increased pain medication per pain management. Objective findings included a well healed incision. Computed tomography imaging of the cervical spine performed on 08-10-2015 showed moderate to severe degree of bilateral foraminal stenosis at C3-C4 related to uncovertebral osteophyte formation, mild central stenosis at C3-C4 and C4-C5, solid anterior fusion at C5-C6 and no interval change compared to prior examination. Assessment included status post anterior cervical discectomy and fusion at C5-C6 on 05-12-2014, neck pain and cervical radiculopathy. The treatment plan included Medrol Dose pak and physical therapy evaluation and treatment; gentle neck education program; no increased flexion, extension or twisting exercises; and home program three times per week for six weeks. On 09-11-2015, Utilization review modified the request for physical therapy for the cervical spine 3 times a week x 6 weeks. Documentation does not show that the injured worker had completed prior physical therapy and there were no physical therapy progress reports submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for cervical spine 3xwk x 6 wks: Upheld

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

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

Decision rationale: Physical therapy for cervical spine 3x wk x 6 wks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior PT sessions the patient has had; why he is unable to perform an independent home exercise program; and the outcome of his prior cervical spine PT. The request additionally exceeds the recommended PT sessions for this condition and there are no extenuating conditions noted that would necessitate 18 cervical spine PT sessions. The request for cervical spine PT is not medically necessary.