

Case Number:	CM15-0200095		
Date Assigned:	10/15/2015	Date of Injury:	12/12/2009
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 12-12-2009. Medical records indicated the worker was treated for cervical spine pain, acid reflux, and insomnia. Diagnoses include; status post L4-L5-lumbar fusion (02-14-2013), L4-L5 and L5-S1 facet arthropathy, chronic myofascial pains syndrome cervical and lumbar spine, cervical disc syndrome, and cervicogenic versus migraine headaches. In the provider notes of 09-03-2015 the injured worker complains of constant neck pain extending into the bilateral upper shoulders and into the arms with burning and tingling sensation. She also complains of constant, dull, achy stiffness and tightness in the low back with cramping sensation. The low back pain does not travel into the lower extremities. The worker has neck pain with numbness into the area extending into the shoulders and upper arms and down to the hands. She has headaches that are described as "pounding" and reports she gets dizzy when moving too fast. She complains of difficulty organizing her thoughts, loss of concentration, and difficulty with short term memory. The headaches are most painful in the occipital region. The majority of the neck pain is with backward bending. She has been seen by a psychiatrist but has been prescribed no medication. She has low back pain with stiffness. Her pain is increased at night with cramping pain down to the lower extremities. Medications include Ultram and Lyrica. According to medical records she was authorized for 2x4 weeks physical therapy for the cervical spine which she was noted to have started 07-16-2015 and completed. A request for authorization was submitted 09-17- 2015 for Physical Therapy for the neck, 2x6, and a cervical collar. A utilization review decision 09-22-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the neck, 2x6: 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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 8 sessions of physical therapy and should be able to continue with a self-paced, home-based exercise program. Additionally there is a lack of subjective and objective efficacy with prior physical therapy. Furthermore, this request for 12 sessions exceeds the recommendations of the guidelines; therefore, the request for physical therapy for the neck, 2x6 is determined to not be medically necessary.

Cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Collars (cervical).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Activity Alteration.

Decision rationale: Per the MTUS guidelines, other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. In this case, the injured worker is not in the first few days post-injury, therefore, the request for cervical collar is determined to not be medically necessary.