

Case Number:	CM15-0202113		
Date Assigned:	10/21/2015	Date of Injury:	05/21/2007
Decision Date:	12/31/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 57 year old male, who sustained an industrial injury on 05-21-2007. The injured worker was diagnosed as having C5-C6 discectomy and fusion in 1994, chronic derangement of cervical spine with multilevel pathology, cervical spine radiculopathy, cervicogenic headaches, chronic and recurrent lumbar strain and status post lumbar spinal surgery. Pain is rated 3-4 out of 10. On medical records dated 09-17-2015, 09-10-2015 and 08-27-2015. The subjective complaints were noted as cervical and lumbar spine pain. Objective findings were noted as cervical spine range of motion was limited with respect to active range of motion. Loss of sensation over the C7 dermatome of the right hand versus the left hand. Treatments to date included pain management consultation, surgical intervention and medication. The injured worker was noted to be total temporary disability. Current medications were not listed on 09-17-2015. The Utilization Review (UR) was dated 10-17-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for physical therapy 2-3 times a week for 6 weeks for the lumbar spine, physical therapy x12 to the cervical spine, bilateral C3-C4 anC5 and C6 medial branch blocks #1 and clear assessment PHQ-9-COMM-SHQ-BPI for chronic was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks for the lumbar spine: 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: Per MTUS Physical Therapy, page 99: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The request for 12-18 sessions exceeds therapy guidelines. In addition, the records do not define a rationale for additional therapy at this time. The request is not medically necessary.

Physical therapy x12 to the cervical spine: 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: Per MTUS Physical Therapy, page 99: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The request for 12-18 sessions exceeds therapy guidelines. In addition, the records do not define a rationale for additional therapy at this time. The request is not medically necessary.

Bilateral C3, C4, C5 and C6 medial branch blocks #1: 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), Treatment Index, 18th Edition, Web, Neck, Facet Joint Diagnostic Blocks.

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

Decision rationale: Per ACOEM page 175: "Cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise." The records do not document a plan for an open surgical procedure. In addition, ACOEM considers injections of uncertain benefit. MTUS does not support injections for multilevel cervical disease. The request is not medically necessary.

Clear assessment PHQ-9/COMM/SHQ/BPI for chronic pain: Overturned

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

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

Decision rationale: Per MTUS, Psychological evaluations, page 100: Recommended; Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. This patient has chronic pain. Surgical treatments have failed. Psychological evaluation is warranted to facilitate pain coping techniques. Therefore the request for Clear assessment PHQ-9/COMM/SHQ/BPI for chronic pain is medically necessary.