

Case Number:	CM15-0203197		
Date Assigned:	10/19/2015	Date of Injury:	06/15/2006
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 6-15-06. The injured worker is diagnosed with possible cervical discogenic pain and bilateral cervical facet pain. His disability status is permanent and stationary. A note dated 8-24-15 reveals the injured worker presented with complaints of slight to moderate (activity dependent), intermittent to frequent neck pain and intermittent headaches that starts from the back of his head and radiated toward the front. A physical examination dated 8-24-15 revealed mild cervical midline tenderness from C2-C6, mild bilateral cervical facet tenderness at C2-C3 and C5-C6 (right greater than left) and mild bilateral trapezius tenderness. Treatment to date has included medications, cervical facet medial nerve block provided complete relief for 5-6 hours, confirmatory block provided complete pain relief for 3 hours, cervical radiofrequency ablation provided relief and a cervical epidural block all per note dated 8-24-15. Diagnostic studies include urine toxicology screen, cervical MRI and upper extremity electrodiagnostic studies. A request for authorization dated 8-24-15 for physical therapy for the cervical spine is non-certified, per Utilization Review letter dated 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to 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: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Physical therapy to cervical spine. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. In this case, the current request does not specify a quantity of physical therapy sessions to be received by the patient and the MTUS guidelines do not support an open ended request. The current request is not medically necessary.