

Case Number:	CM15-0205515		
Date Assigned:	10/22/2015	Date of Injury:	01/18/2010
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial-work injury on 1-18-10. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease (DDD) and right upper extremity radiculopathy. Treatment to date has included pain medication Tramadol, Diclofenac and Omeprazole, chiropractic, series of lumbar epidural steroid injection (ESI), psyche care, pain management, and physical therapy recently 8 sessions with benefit, acupuncture with short-term benefit, and other modalities. Medical records dated 9-9-15 indicate that the injured worker complains of increased right side neck pain or exacerbation of neck pain over the last few weeks. She reports muscle spasms, headaches, increased neck pain with movements of the head and twisting motions. The pain is rated 4-6 out of 10 on the pain scale with use of medications and 9 out of 10 without medications. The physical exam dated 9-9-15 reveals right greater than left cervical paraspinous tenderness from C3 to T1. There is 2+ muscle spasm on the left and 3+ on the right. The cervical range of motion is decreased. The physician indicates that he is recommending physical therapy to the cervical spine to address increased neck pain and significant spasms. The requested service included 18 sessions of physical therapy with myofascial release, 6 times 3, cervical spine. The original Utilization review dated 9-23-15 modified the request for 18 sessions of physical therapy with myofascial release, 6 times 3, cervical spine modified to 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy w/myofascial release, 6 x 3, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: 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, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the request for 6 x 3 (18) sessions of physical therapy exceeds the guideline recommendations of 8-10 sessions. The original UR decision modified the request to allow a lower number of sessions. The request for 18 session of physical therapy is not medically necessary.