

Case Number:	CM15-0036297		
Date Assigned:	03/04/2015	Date of Injury:	05/13/2014
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male, who sustained an industrial injury on May 13, 2014. The injured worker had reported neck, shoulder and arm pain, which developed two to three days after the injury. The diagnoses have included cervical herniated nucleus pulposus with radiculopathy and myelopathy. Treatment to date has included medications and physical therapy. The physical therapy was noted to be helpful. Current documentation dated January 12, 2015 notes that the injured worker complained of neck pain with radiation to the bilateral upper extremities. Associated symptoms include numbness and tingling. Physical examination of the cervical spine revealed tenderness of the cervical spine and a decreased and painful range of motion. Shoulder range of motion was normal. On February 13, 2015 Utilization Review modified a request for physical therapy # 12 to the neck. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical treatments can result in pain relief reduction in medications utilization and functional restoration. The records indicate that the patient had completed the guidelines recommended number of PT treatments. The documented subjective and objective findings did not indicate exacerbation of the neck pain that would require additional PT treatments. There is no record of significant functional limitation of the cervical spine. The criteria for 12 physical therapy sessions for the neck was not met.