

Case Number:	CM15-0038086		
Date Assigned:	03/06/2015	Date of Injury:	06/15/2012
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 57-year-old male, who sustained an industrial injury on 6/15/12. He has reported neck injury. The diagnoses have included cervical spine radiculopathy, status post right shoulder arthroscopy (non-industrial) and status right inguinal hernia repair (non-industrial). Treatment to date has included physical therapy, oral pain medications, and anti-inflammatory medications. (EMG) Electromyogram performed on 12/2/14 of upper extremities and cervical paraspinal muscles was normal. Currently, the injured worker complains of continuing neck pain. Physical exam noted light touch sensation to left lateral shoulder and tips of fingers and thumb was intact. On 11/14/14, tenderness was noted to palpation of paravertebral, trapezius and intrascapular region with spasm noted also.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with neck pain and diagnosed with cervical radiculopathy. The request is for physical therapy 2 times a week for 6 weeks for the cervical spine on 01/20/15. The treater noted the patient's work status as usual and customary employment on 1/20/15 report. MTUS page 98 and 99 recommends physical therapy for radiculopathy as "Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Review of reports shows that the patient has had a number of physical therapy treatments for the cervical spine and the treating physician is requesting additional 12 sessions. However, there no rationale provided for the requested additional therapy. There is no documentation of a flare-up or decline in function requiring formalized therapy. None of reports explains why the patient is unable to establish a home exercise program to manage pain. Furthermore, the request of 12 sessions exceeds what is allowed per MTUS. The request IS NOT medically necessary.

Pain management consultation for cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: This patient presents with neck pain and diagnosed with cervical radiculopathy. The request is for pain management consultation for the cervical spine. RFA is not available. The treater noted the patient's work status as usual and customary employment on 1/20/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The reports provided do not discuss this request. However, the patient complains of chronic neck pain. The guidelines generally allow and support specialty follow up evaluations for chronic pain conditions. The request IS medically necessary.

Orthopedic consultation for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: This patient presents with neck pain and diagnosed with cervical radiculopathy. The request is for orthopedic consultation for the cervical spine. RFA is not

available. The treater noted the patient's work status as usual and customary employment on 1/20/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient complains of chronic neck pain. The guidelines generally allow and support specialty follow up evaluations for chronic pain conditions. The request IS medically necessary.

Follow-up visit for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: This patient presents with neck pain and diagnosed with cervical radiculopathy. The request is for follow-up visit for the cervical spine. RFA is not available. The treater noted the patient's work status as usual and customary employment on 1/20/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The reports provided do not discuss this request. The 10/03/14 treatment reports states the patient has "neck pain that radiates to the bilateral shoulders. Physical therapy has been some help but continue to have tension headaches which starts at the base of the head and radiates to the neck." Per 10/13/14 report, the treater noted that "physical therapy and pain medication provide him pain improvement, but he remains symptomatic." Per 01/20/15 report, the patient continuously suffers from neck pain. The patient takes Topamax and Naproxen for pain management. In this case, the patient has chronic pain and medications require treating physician's monitoring. The request of follow-up visit IS medically necessary.