

Case Number:	CM15-0038178		
Date Assigned:	03/06/2015	Date of Injury:	05/15/1995
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/01/2015

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 55-year-old female, who sustained an industrial injury on 5/15/95. On 3/1/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of continued chronic neck pain that radiates down to the right shoulder with spasms in her neck and trapezius area. Injured worker also complains of increasing headaches with a clinical history of occipital nerve blocks, and reports that chiropractic care improved the headache pain by 70%. The diagnoses have included chronic neck pain; cervical syrinx; cervical radiculopathy; cervicogenic headaches; depression and anxiety associated with chronic pain. Treatment to date has included MRI right shoulder (6/20/14), chiropractic care; occipital nerve blocks (2014). A Utilization Review was completed on 2/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 physical therapy sessions: Upheld

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

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

Decision rationale: Based on the 01/21/15 progress report provided by treating the physician, the patient complains of chronic neck pain with radiation down the right shoulder and trapezius area, rated 4-5/10 with and 8/10 without medications, and increasing headaches. The request is for 24 PHYSICAL THERAPY SESSIONS. Patient's diagnosis per RFA dated 01/29/15 includes chronic neck pain, cervical syrinx, and cervical radiculopathy. Patient's medications include Nucynta, Fioricet, and Imitrex Nasal Spray. Per 12/23/14 treater report, patient was prescribed 8 sessions of chiropractic. Work status not provided. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 01/21/15, treater states "because patient is not considering functional restoration evaluation the physical therapy would assist patient in transition to home exercise program." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. Per treater report dated 10/02/14, patient received a prescription for physical therapy x8. In this case, treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Furthermore, the request for additional 24 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.