

Case Number:	CM15-0038891		
Date Assigned:	03/09/2015	Date of Injury:	03/27/2014
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old male, who sustained an industrial injury on 03/27/2014. The diagnoses have included neck sprain/strain, cervicobrachial syndrome, chronic pain syndrome, myospasms, closed head injury with concussion, and labyrinthine concussion. Noted treatments to date have included physical therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. Diagnostics to date have included cervical spine MRI on 06/29/2014 which showed status post anterior fusions of the C5 and C6 bodies, a 1.5mm central posterior disc protrusion at C3-4 indenting the anterior aspect of the thecal sac, mild to moderate narrowing of the left neural foramen and moderately significant narrowing of the right neural foramen, a 1mm broad based posterior disk bulge at C4-5 indenting the anterior aspect of the thecal sac and moderate narrowing of the right neural foramen, a broad based asymmetric posterior bony ridge at C5-6, a 1.5mm central posterior disc protrusion at C6-7 indenting the anterior aspect of the thecal sac and mild narrowings of both neural foramina, and a 1mm broad based posterior disc bulge at C7-T1 indenting the anterior aspect of the thecal sac per note. In a progress note dated 01/20/2015, the injured worker presented with complaints of right sided neck pain with hearing loss on the right, headaches, and occasional pain going down the right arm. The treating physician reported the injured worker is having a flare up of right sided neck pain that has not improved with his current home exercise program. Utilization Review determination on 01/30/2015 non-certified the request for Physical Therapy Times Six for the Neck citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times six (6) for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis; 9 visits over 8 weeks. Sprains and strains of neck; 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do indicate any prior physical therapy, in 2014 the patient received 12 sessions of PT with the last being 8/14. The treating physician fails to document exceptional factors necessitating additional physical therapy. As such, the request for Physical therapy times six (6) for the neck is not medically necessary.