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| Case Number: | CM15-0047722 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 07/27/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/13/2015 |

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: Utah, Arkansas

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 50 year old female, who sustained an industrial injury on 7/27/2013. She reported a fall down steps, resulting in neck and back pain. The injured worker was diagnosed as having cervical strain/sprain, cervical degeneration, right ulnar neuropathy, lumbar degeneration, and right L5 radiculopathy. Treatment to date has included conservative measures, including diagnostics, magnetic resonance imaging of the cervical, thoracic, and lumbar spines, medications, and physical therapy (dates, treatments, and results not specified). Currently, the injured worker complains of cervical pain and lumbar pain, going to her right upper extremity, and numbness in her right lower extremity. Exam of the cervical spine noted tenderness and spasm in both upper extremities. Motor strength in the upper extremities was 5/5. Exam of the lumbar spine noted mild tenderness in both distributions, 4+/5 strength in the tibialis and anterior extensor hallucis longus. Sensory deficits were not noted. Range of motion, cervical and lumbar spines, was mildly decreased. Current medications included Prozac, Vistaril, Norco, and Soma. The treatment plan included medication refills, right upper extremity electromyogram, physical therapy (2x6), cord strengthening, neck strengthening, and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation ODG Neck and Upper back.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. ODG Neck and Upper back recommends 9 visits over 8 weeks for Cervicalgia (Neck pain) The patient has completed an unknown number of physical therapy sessions previously. The current request exceed the recommended amount of sessions. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as requested above, is NOT indicated as a medical necessity to the patient at this time.