

Case Number:	CM15-0049013		
Date Assigned:	03/20/2015	Date of Injury:	01/29/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/16/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42-year-old male, who sustained an industrial injury on 1/29/2014. Diagnoses have included cervicalgia and neck pain. Treatment to date has included physical therapy and injections. According to the orthopedic evaluation dated 1/5/2015, the injured worker complained of discomfort and pain in the upper back and neck area. He was currently receiving physical therapy for his back. Physical exam revealed pain with range of motion of the cervical spine and mild paraspinal muscle spasms. The injured worker had pain with range of motion of the lumbar spine. The treatment plan was for physical therapy for the neck (8 visits); utilization review non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 4 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point, the patient is over a year from the initial date of injury and with no objective evidence to indicate improvement that warrants 8 further visits of supervised therapy, it is difficult to justify the treatment request. With respect to number of visits for manual therapy and manipulation, the MTUS does state that several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. Therefore, while this patient may benefit from further physical therapy, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the request for 8 visits without evaluation for efficacy prior to completion of treatment cannot be considered medically necessary based on the provided documents.