

Case Number:	CM15-0053527		
Date Assigned:	03/27/2015	Date of Injury:	10/01/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
 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 51-year-old female who sustained an industrial injury on October 1, 2009. Medical history includes juvenile onset rheumatoid arthritis and fibromyalgia. The injured worker was diagnosed with cervical radiculopathy, post cervical laminectomy syndrome and lumbar disc disorder. The injured worker is status post C5-7 fusion in June 2013. Cervical spine magnetic resonance imaging (MRI) was performed in August 2014, and an Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the upper extremities in April 2013. Past treatments were surgery, diagnostic tests, physical therapy with mild temporary relief and medications. According to the primary treating physician's progress report on January 28, 2015, the injured worker was evaluated for neck pain, right ankle and right foot pain which had increased since last visit. Examination of the cervical spine demonstrated restricted range of motion, paravertebral muscle hypertonicity, tenderness and a tight muscle band bilaterally. Spurling's maneuver caused pain in the neck radiating to the upper extremity. Lumbar spine had decreased range of motion noted. Examination of the right and left ankle demonstrated restricted range of motion and no tenderness to palpation or edema. The injured worker was able to weight bear on the right ankle without pain. Right upper extremity motor strength was limited by pain. Sensation was decreased bilaterally over the feet and fingers. Deep tendon reflexes were significantly reduced, upper extremities more decreased than lower extremities. Current medications are listed as Colace, Flexeril, Lyrica, Zolof, Doxepin, Ambien and Lidoderm patches. Treatment plan consists of the requested authorization for physical therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 visits cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received physical therapy in the past for her cervical spine, but the exact number of sessions has not been clearly documented. She had completed at least three sessions. An additional 12 sessions would exceed the maximum number of sessions recommended. In addition, her functional improvement has not been documented. There was no documentation from his physical therapy sessions. If there was no initial improvement, then proceeding with more physical therapy may be of no benefit. Therefore, the request as stated is considered not medically necessary.