

Case Number:	CM15-0057821		
Date Assigned:	04/02/2015	Date of Injury:	01/18/2013
Decision Date:	05/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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 52 year old male, who sustained an industrial injury on 1/18/2013. The current diagnoses are cervicalgia, cervical radiculitis, and status post cervical fusion. According to the progress report dated 2/26/2015, the injured worker complains of neck pain. The current medication list was not available for review. Treatment to date has included medication management, X-ray of the cervical spine, physical therapy, and surgical intervention. Per physical therapy notes dated 3/26/2015, the injured worker is progressing with decrease in pain and spasms and an increase in motion. The plan of care includes 12 additional physical therapy sessions 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, Cervical Spine, 2 times a week for six weeks (12 sessions): Upheld

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

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

Decision rationale: Based on the 02/26/15 progress report provided by treating physician, the patient presents with neck pain. The request is for physical therapy, cervical spine 2 times a week for six weeks (12 sessions). Patient is status post cervical fusion, date unspecified. Patient's diagnosis per Request for Authorization form dated 03/10/15 includes radiculitis, cervicgia. Treatment to date has included medication management, imaging studies, physical therapy, and surgical intervention. Patient is working full duty, per treater report dated 02/26/15. 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. MRI of the cervical spine dated 06/25/14 revealed prior cervical decompression and fusion at C5-7, and right sided foraminal narrowing mild to moderate at C4-5, C5-6, and C6-7. This patient is well beyond post-operative treatment period. Treater has not provided reason for the request, nor a precise treatment history. Given the patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, 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 12 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.