MAXIMUS Federal Services

Case Number:	CM15-0059120		
Date Assigned:	04/03/2015	Date of Injury:	10/28/2014
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/28/2015

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, Pain Management

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 38 year old female, who sustained an industrial injury on 10/28/2014. She reported injury after lifting a container. The injured worker was diagnosed as having neck muscle strain, thoracic spine strain and lumbar spine strain. Treatment to date has included medications, and 3 physical therapy sessions. The request is for physical therapy for the neck and thoracic area, and cervical spine magnetic resonance imaging. On 12/16/2014, she is seen for continued neck and mid back pain which she feels is no better since her last visit. She rated her pain as 10/10. She is now claiming to have low back pain. The treatment plan included: transfer of care to pain management, ice and heat applications as needed, non-steroidal anti-inflammatory drugs as needed, restricted duty, and continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the thoracic area: 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 Page(s): 99. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, PT.

Decision rationale: Regarding the request for PT for this worker, the MTUS states: "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." The injured worker in this case carries diagnoses of thoracic spine strain. Therefore, we can reference the ODG in order to get more specific physical therapy guidelines regarding these particular diagnoses. The ODG specifies for 10 visits of PT for this diagnosis. Therefore the request for 12 visits of physical therapy is in excess of guidelines. The IMR process does not modify requests. The original request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI Topic.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. Thus far, the patient had attended only 6 session of PT, and there is a treatment plan to complete additional sessions of PT as this is a concurrent request. Given this, the requested cervical MRI is not medically necessary.

Physical therapy 2x6 for the neck area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Neck Chapter, PT.

Decision rationale: Regarding the request for PT for this worker, the MTUS states: "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." The injured worker in this case carries diagnoses of cervical

strain. Therefore, we can reference the ODG in order to get more specific physical therapy guidelines regarding these particular diagnoses. The ODG specifies the following time courses for these diagnosis: “Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0):10 visits over 8 weeks.” Therefore the request for 12 visits of physical therapy is in excess of guidelines. The IMR process does not modify requests. The original request is not medically necessary.