

Case Number:	CM15-0083971		
Date Assigned:	05/06/2015	Date of Injury:	01/09/2001
Decision Date:	06/04/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, California
 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 56 year old female injured worker suffered an industrial injury on. The diagnoses included right wrist pain with carpal tunnel release, anxiety, cervical disc disorder with radiculopathy, cervical facet arthropathy, thoracic disc disease and insomnia. The diagnostics included cervical magnetic resonance imaging, thoracic x-rays, right wrist magnetic resonance imaging, and electromyographic studies. The injured worker had been treated with medications, nerve block and epidural steroid injections. On 4/7/2015 the treating provider reported neck pain. The injured worker had a bilateral cervical facet radiofrequency nerve block that afforded 90% pain relief for 1 week and reductions of pain in the right arm by 50%. The symptoms included neck pain, neck stiffness and muscle spasms. The pain radiated to the left shoulder, right shoulder and right arm. On exam there was moderate tenderness to the cervical spine. The thoracic spine had tenderness with positive trigger points. The treatment plan included Physical Therapy Cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and neck pain pg 40.

Decision rationale: According to the guidelines, therapy for cervical disc displacement is up to 10 visits over 8 weeks. The MTUS guidelines also limits it to 10 visits in a fading frequency. The claimant already had 16 sessions of therapy. The request for 12 more sessions exceeds the guideline recommendations. There was no recent surgery or indication that additional therapy cannot be performed at home. The request is not medically necessary.