

Case Number:	CM14-0118881		
Date Assigned:	08/06/2014	Date of Injury:	11/01/1988
Decision Date:	10/09/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69 year old male who reported an injury on 11/01/1988 with an unknown mechanism of injury. The injured worker was diagnosed with cervical spondylosis without myelopathy, osteophytes causing stenosis of the foramina in multiple levels in the cervical region, muscle spasms, and migraines. The injured worker was treated with medications and injections. The injured worker's medical records did not indicate diagnostic studies. The injured worker had a cervical epidural steroid injection on 05/14/2014 which reduced the injured worker's pain 50%. A cervical epidural steroid injection was performed again on 07/09/2014. On the SOAP note dated 07/10/2014, the injured worker complained of chronic neck pain that was significantly reduced due to the epidural steroid injections. On the evaluation dated 06/10/2014 the injured worker rated his pain at 7/10 that radiates down to bilateral arms. The injured worker had 100% painful flexion, 30% extension with increased pain radiating to the shoulders, 50% pain reproduction with sidebend, and 60% pain reproduction with rotation of the cervical spine. The injured worker was prescribed Kadian 60mg two twice a day and oxycodone 10mg 1-2 twice a day as needed was noted on the SOAP report dated 07/10/2014. The treatment plan was for cervical ESI under fluoroscopy and physical therapy 3 times a week for 3 months to the neck. The rationale for the request was for chronic neck pain. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 X a week for 3 months to the neck (36 visits): Upheld

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

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

Decision rationale: The request for physical therapy 3 x a week for 3 months to the neck (36 visits) is not medically necessary. The injured worker complains of chronic neck pain rated at 7/10 that radiates down to bilateral arms. The injured worker has 100% painful flexion, 30% extension with increased pain radiating to the shoulders, 50% pain reproduction with sidebend, and 60% pain reproduction with rotation of the cervical spine. The California MTUS guidelines recommend passive therapy to provide short term relief during the early phases of pain treatment and it is directed at controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries. The guidelines recommend physical therapy of 8-10 visits for radiculopathy. The injured worker has documentation of functional deficits. There is a lack of documentation indicating whether the injured worker has had previous physical therapy, as well as the efficacy of any prior physical therapy. The request for 36 visits of physical therapy would exceed the guideline recommendations. As such, the request for physical therapy 3 x a week for 3 months to the neck (36 visits) is not medically necessary.