

Case Number:	CM14-0125859		
Date Assigned:	09/24/2014	Date of Injury:	09/07/2013
Decision Date:	11/13/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 35 year old male with an injury date of 09/07/13. Per the 05/19/14 report by [REDACTED], the injured worker presents with severe headaches with difficulty speaking. The injured worker has slurred, slow speech with dizziness and difficulty walking. Examination shows tenderness in the cervical spine at C4 through C7 and associated paraspinal muscles. There is positive Spurling's bilaterally. The thoracic spine has tenderness in the upper thoracic spine at T4, T5, T6 and T7 and associated paraspinal muscles. Examination of the lumbar spine reveals tenderness at L3 through L5 and associated paraspinals. Kemp's test is positive bilaterally. The injured worker's diagnoses include: Head contusion, headaches Cervical discopathy Thoracic myofascitis Lumbar myofascitis The utilization review being challenged is dated 07/11/14. The rationale is that the injured worker was certified for 24 physical therapy, 12 chiropractic and 6 acupuncture visits since December 2013 and has exceeded the total number of visits recommended by guideline without documentation of functional improvement. Reports were provided from 11/11/13 to 07/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1xwk x6wks Cervical Spine & Upper Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guideline Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Pain Outcomes and Endpoints Page(s): 98, 99, 8.

Decision rationale: MTUS guidelines pages 98, 99 state that for "myalgia and myositis, 9-10 visits are recommended over 8 weeks." For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. On 05/19/14 [REDACTED] states, "The injured worker has not had therapy as of yet." The reports provided show [REDACTED] first saw this injured worker 02/14/14 when the injured worker presented with aching pain in the neck causing headaches. There is no mention of speech problems. On 03/24/14 [REDACTED] states, "he has complied with physical therapy recommendations, but unfortunately does not feel treatment have resulted in any significant improvement." The 02/10/14 report by [REDACTED] notes Aquatic Therapy 2x6 weeks for the injured worker in the treatment plan. It is not clear if the injured worker received these treatments. In this case it appears the injured worker's condition is worsening. The treating physician, however, does not discuss the reason for the request. The reports provided indicate there has been no functional improvement with an unknown amount of prior therapy. The treating physician has not provided a full record of physical therapy sessions to document how many sessions the injured worker has received and if functional improvement has been obtained or discuss objective goals of additional physical therapy. MTUS page 8 requires the physician the monitor the injured worker's progress and makes appropriate recommendations. The request for Physical Therapy 1xwk x6wks Cervical Spine & Upper Back is not medically necessary.