MAXIMUS Federal Services

Case Number:	CM14-0141582		
Date Assigned:	09/10/2014	Date of Injury:	10/24/2008
Decision Date:	10/10/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 64 year old male who reported an injury on 10/24/2008; the mechanism of injury was not provided. Diagnoses included cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis and multilevel degenerative disc changes, disc bulges, central stenosis, and grade I anterolisthesis. Past treatments included "neck treatments", physical therapy of the lumbar spine, chiropractic treatments, epidural steroid injections of the cervical spine, and medications. Diagnostic studies included an MRI of the cervical spine on 06/04/2014, which indicated C3-C4 disc protrusion with central canal narrowing, and right sided bony hypertrophy with abutment of the exiting right nerve root; C4-C5 disc protrusion resulting in central canal narrowing and abutment of the exiting left nerve root with narrowing of the left neural foramina; C6-C7 disc protrusion with central canal narrowing and osteophyte complexes resulting in abutment of the exiting nerve roots bilaterally; and C5-C6 osteophyte complexes resulting in abutment of the exiting nerve roots bilaterally. Surgical history included L4-L5 fusion on 06/27/2013. The clinical note dated 09/08/2014 indicated the injured worker complained of continued daily neck pain, stiffness and muscle spasms with radiating pain into the bilateral upper extremities with associated occasional weakness. Physical exam of the cervical spine revealed tenderness to palpation with myospasms over the paraspinal musculature, decreased range of motion in all planes, and hypoesthesia over the C4 to C8 dermatomes. Current medications included Norco 10/325 mg, gabapentin 600 mg, Naproxen 500 mg, and Soma. The treatment plan included 8 physical therapy sessions to the cervical spine; the rationale for treatment was to introduce home exercise program to reduce pain levels, improve range of motion, and introduce cervical spine traction. The request for authorization form was completed on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions to the cervical spine: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that physical therapy is recommended for patients with radiculitis, to include 8-10 visits over 4 weeks. The injured worker complained of continued daily neck pain, stiffness and muscle spasms with radiating pain into the bilateral upper extremities with associated occasional weakness. It is unclear if the injured worker has previously completed physical therapy to the cervical spine. If the injured worker has completed prior sessions of physical therapy, there is a lack of documentation indicating the number of sessions completed, and measurable, quantifiable functional improvements, and quantified pain relief to indicate the need for more sessions. Therefore the request for 8 physical therapy sessions to the cervical spine is not medically necessary.