MAXIMUS Federal Services

Case Number:	CM14-0144376		
Date Assigned:	09/12/2014	Date of Injury:	05/18/2012
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 Ohio. 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:

Limited documentation was provided for this review; it consisted of a recent denial of request for 6 physical therapy visits, radiographic results from a cervical spine x-ray series, and four progress notes from a treating physician. The injured worker is a 51-year-old female who complains of chronic neck and arm pain with secondary headaches as a result of cervical spondylosis. The notes from the treating physician do not include objective physical assessments. It is noted that the injured worker takes the medications Norco, Trazodone, Ibuprofen, and Topical Lidoderm. A notation from the previous utilization review states that the injured worker has received physical therapy previously. The diagnoses listed include degenerative cervical spondylosis, myofascial pain syndrome, insomnia, and chronic headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy

Decision rationale: The Official Disability Guidelines do allow for physical therapy with regard to neck pain, also known as spondylosis, up to nine visits over eight weeks. Low-stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. However, in this instance, there is no documentation available regarding previous physical therapy in terms of how many episodes occurred and what kind of response to treatment resulted. Therefore, six additional visits for physical therapy must be considered medically unnecessary given the lack sufficient data.

Behavioral Medicine Consult: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress section, Psychological Evaluation

Decision rationale: Psychological evaluations are generally-accepted, well-established diagnostic procedures, not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. What can be ascertained about this injured worker is that this is clearly a chronic pain issue with what appears to be a lack of corroborative physical findings, at least in terms of information available from radiography. Therefore, a behavioral medicine consult is deemed to be medically necessary.