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| Case Number: | CM14-0146908 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/19/2005 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 Internal Medicine 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 patient is an injured worker with chronic neck pain. The patient has complaints of chronic neck and right upper extremity pain. The patient's neck pain radiates down the right upper extremity with intermittent numbness and tingling. On examination, the patient ambulated without assistance. On examination of the right elbow, there was mild tenderness over the right lateral epicondyle. The patient had pain with supination and pronation. The patient was diagnosed with cervical disc displacement, neuritis, right arm numbness, generalized anxiety disorder and headache tension. Date of injury was 03/19/05. Regarding the mechanism of injury, the patient sustained an injury in a vehicular accident. The patient was using Fentanyl patch. Magnetic resonance imaging (MRI) of the cervical spine reviewed on 08/13/14 documented multilevel disc protrusions from C2 through T1 with some foraminal stenosis on the right-hand side and encroachment on the exiting right C5 nerve root. Electrodiagnostic studies reviewed on 08/13/14 documented negative for neural compressive lesions. The patient was diagnosed with cervical disc displacement, neuritis, right arm numbness, generalized anxiety disorder and headache tension. Progress note dated 08/04/14 documented medications Fentanyl, Mirtazapine, Gabapentin, and Fluoxetine. Diagnoses included cervical disc displacement without myelopathy, depression, and neuritis. Physical therapy was requested. Progress report dated 8/13/14 documented that the patient had physical therapy (PT) in June 2013. She demonstrated improvement in active range of motion and strength with PT. Following physical therapy, she was using her medications on an occasional basis. The patient was reported to have benefits from previous sessions of physical therapy. Utilization review determination date was 8/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Cervical Spine/Bilateral Upper Extremities, once a week x 6 weeks,: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper back chapter

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. A progress report dated 8/13/14 documented that the patient had physical therapy (PT) in June 2013. She demonstrated improvement in active range of motion and strength with PT. Following physical therapy, she was using her medications on an occasional basis. The patient was reported to have benefited from previous sessions of physical therapy. MRI of the cervical spine reviewed on 08/13/14 documented multilevel disc protrusions from C2 through T1 with some foraminal stenosis on the right-hand side and encroachment on the exiting right C5 nerve root. Medical records provide objective evidence of pathology. Medical records indicate that the patient benefited from physical therapy over one year prior with objective evidence of improvement, supporting 6 additional physical therapy visits. Therefore, the request for physical therapy to the cervical spine and bilateral upper extremities (once a week for six weeks) is medically necessary.