MAXIMUS Federal Services

Case Number:	CM14-0162223		
Date Assigned:	10/07/2014	Date of Injury:	10/10/2011
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 50 year-old male who reported a work related injury on 10/10/2011. The mechanism of injury was not provided for review. The injured worker's past treatment has included physical therapy, medication management, and cervical facet nerve block. Diagnostics were noted to include an x-ray of the cervical spine on 07/15/2014 which revealed mild disc/endplate degeneration at C5-6 and an MRI of the cervical spine on 07/15/2014 which revealed disc extrusion/bulge at C5-6 mildly distorts ventral cord. Appearance remains unchanged from the prior exam. Upon examination on 09/10/2014, the injured worker rated his pain with medications as a 4/10 on the VAS pain scale. Without medications, the injured worker rated his pain as 8/10 on the visual analog scale (VAS) pain scale. Upon physical examination, it was noted that the injured worker had global antalgic gait. Upon examination of the cervical spine, it was noted that range of motion was restricted with flexion limited to 72 degrees by pain, extension limited to 15 degrees by pain, right lateral bending limited to 25 by pain, lateral rotation to the right limited to 65 degrees by pain. Upon examination of paravertebral muscles, tenderness was noted on both the sides. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. Adson's test was negative and there was no sign of meningism. Motor strength was noted to be grip was 4/5 on the right and 5/5 on the left, wrist flexors were 4/5 on the right and 5/5 on the left, wrist extensors were 4/5 on the right and 5/5 on the left, supraspinatus was 3/5 on the right and 5/5 on the left, pronation was 3/5 on the right and 5/5 on the left, extensor hallucis longus (EHL) was 5/5 on the right and 5-/5 on the left, ankle dorsiflexion was 5/5 on the right and 4/5 on the left, ankle plantarflexion was 5/5 on the right and 5/5 on the left, knee extensors were 5/5 on both sides, knee flexors were 5/5 on both sides, hip flexors were 5/5 on both sides, hip extensors were 5/5 on both sides, hip abduction was 5/5 on both sides. Sensory examination to light touch revealed sensation was decreased over anterior

thigh, lateral thigh on the left side. Reflex examination revealed tendon reflexes, brachioradial reflex was 2/4 on both sides, knee jerk was 3/4 on both sides, ankle jerk was 2/4 on both sides, 2 beat clonus left states ankle. The injured worker's prescribed medications were noted to include gabapentin, naproxen, Lunesta, Norco, Lipitor, and Zanaflex. Also noted, the injured worker had had physical therapy in the past which focused primarily on the low back. However, the physician requested cervical medial branch blocks but the utilization review physician felt the patient had not completed enough physical therapy. As such, the physician requested further physical therapy for the cervical spine recommended by utilization review physician. The treatment plan consisted of 6 visits of physical therapy for the injured worker's neck for stretching, strengthening, modalities as indicated, and to progress to a home exercise program. The rationale for the request was cervical pain; disc disorder; backache, non-specified; and lumbar radiculopathy. A Request for Authorization form was submitted for review on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical Spine QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The request for physical therapy to the cervical spine is not medically necessary. California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. Documentation submitted for review stated the injured worker previously completed physical therapy sessions. However, the number of physical therapy sessions and documentation regarding those sessions were not provided for review. Additionally, there is little no functional improvements or specific comments of or about the short term benefits the injured worker incurred from prior treatments of physical therapy. In the absence of documentation showing objective functional gains made with previous visits and exceptional factors to warrant additional visits beyond the guideline recommendations, the request is not supported. With the guidelines outlined above, the request for physical therapy for the cervical spine is not medically necessary.