

Case Number:	CM14-0098079		
Date Assigned:	07/28/2014	Date of Injury:	10/27/2004
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 Pain Medicine and is licensed to practice in Texas and 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:

The injured worker is a 53 year old female who reported a work related injury on 10/27/2004, due to lifting heavy objects overhead. The injured worker's diagnoses consist of cervical disc degeneration, and neck pain with cervical disc injuries at C5-C6 and C6-C7. Past treatments have included physical therapy as well as medication. Diagnostic test consisted of an MRI of the cervical spine which revealed disc disease/degenerative changes at each level from C2-C3, C6-C7 and at T2-3. On 05/16/2014, subjective complaints consisted of persistent pain to the cervical spine. Upon examination, there continued to be pain with extension and lateral bending of the cervical spine bilaterally, and a positive Spurling's test. An appeal letter, dated 06/26/2014, indicated that records showing evidence of improvement from previous physical therapy, which was more than 10 years ago, were difficult to obtain. The treating provider indicated that he felt a course of physical therapy for the exacerbation of the injured worker's symptoms would be reasonable. Medications included Tylenol and the treatment plan includes physical therapy. The rationale for this request was to reduce the patients muscle spasms and initiate conservative care for the flare up of pain. The authorization for review was submitted on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Neck #12 with trial of traction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS Guidelines state up to 10 visits of physical therapy may be supported to promote functional gains in patients with unspecified radiculitis. However, in order to determine whether physical therapy treatment is necessary, evidence of measurable objective functional deficits are needed. Additionally, the MTUS/ACOEM Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The injured worker's physical examination on 05/16/2014 revealed painful range of motion. However, he was not shown to have any range of motion or motor strength deficits. An appeal letter indicated that details from the injured worker's previous physical therapy treatment would be unobtainable. However, the provider felt that, given the length of time since that treatment, an additional course of physical therapy would be appropriate to address his flare-up of symptoms. While this information would represent exceptional factors and an additional course of therapy may be warranted due to length of time, as there was no evidence of functional deficits on physical examination and as the requested number of visits exceeds the total recommended by the guidelines for the patient's condition, the request is not supported. In addition, the guidelines state there is no scientific evidence to support cervical traction. With this being said the request is not medically necessary.