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| Case Number: | CM13-0038144 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/20/2006 |
| Decision Date: | 09/28/2015 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female who sustained an industrial injury on 01-20-2006. Diagnoses include cervical disc displacement without myelopathy. Treatment to date has included diagnostic studies, medications, status post C5 to C7 cervical fusion, and a prior lumbar discectomy at L5-S1 in 1992, acupuncture, massage, and physical therapy. Current medications include Norco and Advil. A physician progress note dated 08-28-2013 documents the injured worker complains of chronic neck pain that radiates down the right arm. She has decreased cervical range of motion with muscle spasm present in her neck and shoulder region. She also experiences some numbness down the right arm and around the right hand. She also has ongoing lower back pain problems with sciatica that is being treated on a non-industrial basis and is related to an automobile accident. She complains of poor sleep, low energy and trouble with concentration. Treatment requested is for 8 physical therapy sessions for the cervical spine-right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE/RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 01-20-2006. The medical records provided indicate the diagnosis of 01-20-2006. Diagnoses include cervical disc displacement without myelopathy. Treatment to date has included diagnostic studies, medications, status post C5 to C7 cervical fusion, and a prior lumbar discectomy at L5-S1 in 1992, acupuncture, massage, and physical therapy. The medical records provided for review do not indicate a medical necessity for 8 PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE/RIGHT UPPER EXTREMITY. The medical records indicate she has had physical therapy in the past, but over some years she has not received any form of treatment her work related injury because she she not had any treating doctor. The MTUS Chronic pain Physical Medicine treatment guidelines recommends a fading treatment of 8-10 Physical Therapy visits over 8 weeks followed by home exercise program.