

Case Number:	CM14-0205561		
Date Assigned:	12/17/2014	Date of Injury:	10/25/2000
Decision Date:	02/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 injured worker is a 58 year-old male , who sustained an injury on October 25, 2000. The mechanism of injury is not noted. Diagnostics have included: November 17, 2014 EMG/NCV reported as showing persistent left C3-4 radiculopathy. Treatments have included: physical therapy, medications, cervical decompression/fusion. The current diagnoses are: s/p decompression/fusion, lumbar disc disease. The stated purpose of the request for 8 sessions of physical therapy for the cervical spine (2x4weeks) was to provide pain relief. The request for 8 sessions of physical therapy for the cervical spine (2x4weeks) was denied on November 21, 2014, citing a lack of documentation of functional improvement. Per the report dated October 10, 2014 the treating physician noted complaints of neck pain with numbness and tingling. Exam showed improved cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the cervical spine (2 x 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical Therapy

Decision rationale: The requested 8 sessions of physical therapy for the cervical spine (2 x 4weeks), is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has neck pain with numbness and tingling. The treating physician has documented improved cervical range of motion. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 8 sessions of physical therapy for the cervical spine (2 x 4weeks) is not medically necessary.