

Case Number:	CM14-0207900		
Date Assigned:	12/22/2014	Date of Injury:	02/06/2007
Decision Date:	05/21/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 58 year-old female with a date of injury of 2/6/2007 and is status post cervical spine fusion (C4-7). Diagnoses include degenerative disc disease c-spine, spondylosis without myelopathy, lumbar disc degenerative disease and mood disorder. Treatments include physical therapy and medication management. A primary treating physician progress report dated 10/21/14 indicates subjective complaints of bilateral posterior leg pain 7-8/10 worsening on walking and prolonged sitting, alleviated upon elevation. The report indicates a cervical MRI dated 07/24/14 revealed stenosis of C3-4 and C6-7 with right C7 impingement. Eight sessions of physical therapy, cervical spine and eight sessions of biofeedback, cervical spine were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week, cervical spine: QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Neck & Upper Back Procedure Summary last updated (08/04/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to guidelines, it states physical therapy should be done early in care only. Additionally, this IW has already progressed through cervical fusion and would have been instructed in home exercise program in the past. This request is not medically necessary at this time

Biofeedback session 2 times a week, cervical QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation, Neck & Upper Back, Procedure Summary last updated 08/4/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Biofeedback.

Decision rationale: According to ACOEM there is high quality evidence to support the use of passive physical therapy modalities including biofeedback. ODG also states that biofeedback for neck complaints remains not recommended. This request is not medically necessary at this time.