

Case Number:	CM15-0010847		
Date Assigned:	01/28/2015	Date of Injury:	02/02/2005
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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 51 year old female who sustained an industrial injury on February 2, 2005. The diagnoses have included cervical postlaminectomy syndrome, cervical spondylosis, and neuralgia/neuritis. The injured worker was status post cervical fusion at cervical 5-cervical 7 in 2005. Treatment to date has included activity modifications, physical therapy, chiropractic care, acupuncture, epidural steroid injection, facet joint injections, massage therapy, TENS (transcutaneous electrical nerve stimulation), spinal cord stimulator trial, and compound topical cream, anti-epileptic and antidepressant medications. On December 22, 2014, the injured worker complained of ongoing neck pain, tightness and spasm of the shoulders, left elbow weakness. Her symptoms were unchanged from the prior visit. She reported that past physical therapy provided good temporary benefit. The physical exam revealed normal reflexes of the upper extremities and no motor deficits. There was tenderness to palpation over the bilateral suboccipital regions, bilateral cervical upper and lower facets, and bilateral trapezius spam. There was a mild decrease of cervical Rom, and cervical pain was greater on the right than the left. On December 12, 2014, the injured worker underwent implantation of a spinal cord stimulator. On January 5, 2015 Utilization Review non-certified a prescription for an 12 visits of cervical physical therapy, noting the lack of specific documentation of functional improvement from previous physical therapy sessions, and the completed therapy sessions to date should have provided ample time to transition the injured worker into a dynamic home exercise program to further address ongoing deficits. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) 12 sessions to the cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on February 2, 2005. The medical records provided indicate the diagnosis of cervical postlaminectomy syndrome, cervical spondylosis, and neuralgia/neuritis. The injured worker was status post cervical fusion at cervical 5-cervical 7 in 2005. Other treatments activity modifications, physical therapy, chiropractic care, acupuncture, epidural steroid injection, facet joint injections, massage therapy, TENS (transcutaneous electrical nerve stimulation), spinal cord stimulator trial, and compound topical cream, anti-epileptic and antidepressant medications.