

Case Number:	CM15-0011290		
Date Assigned:	01/28/2015	Date of Injury:	07/29/2011
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female, who sustained an industrial injury on 7/29/2011. The diagnoses have included cervical spine myospasm, cervical radiculopathy, myofascial pain syndrome and shoulder pain. Currently, the IW complains of neck pain radiating to the upper extremities associated with numbness and tingling sensations. Objective findings included tenderness, guarding and spasm in the paravertebral area and upper trapezius bilaterally. There are trigger points noticeable in the upper trapezius muscles bilaterally and decreased range of motion. On 1/08/2015, Utilization Review modified a request for physical therapy 12 sessions for the cervical spine noting that the request exceeds the number of sessions per the guideline recommendations. The MTUS was cited. On 1/20/2015, the injured worker submitted an application for IMR for review of physical therapy 3 sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,46-47,96-99. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of physical therapy treatments can result in pain relief, increase in physical function and reduction in medication utilization. The records indicate that the patient had significant cervical, myofascial and shoulder pain. There were objective findings of muscle spasms and trigger points that did not respond to medication management. There was associated reduction in range of motion of the affected painful areas. The criteria for 12 PT to cervical spine was met.