

Case Number:	CM15-0114205		
Date Assigned:	06/22/2015	Date of Injury:	03/17/2014
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 3/17/2014. The current diagnoses are cephalgia, cervical spine degenerative disc disease, cervical spine with mild-to-moderate left neural foraminal stenosis and minimal-to-mild central canal stenosis at C5-6 secondary to a 3 millimeter left paracentral broad based disc protrusion, cervical radiculitis, cervical spine sprain/strain, and lumbar spine sprain/strain. According to the progress report dated 5/12/2015, the injured worker complains of neck pain with radiation into her shoulders and upper-mid back. She has occasional pain radiating into the left arm with associated numbness and tingling to the level of the elbow. She notes daily headaches. Additionally, she reports low back pain with occasional radiation into her legs associated with slight numbness and tingling in the left leg. Per notes, she has difficulties with sleeping, anxiety, and depression secondary to pain symptoms, inability to sleep, and financial hardship. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation over the left paracervical, left upper trapezius, and left levator scapulae area. Spurling's test is positive at the neck and arm. Axial compression test is positive. Range of motion is limited and painful. Examination of the lumbar spine reveals limited range of motion. There is bilateral hamstring tightness. The current medication list is not available for review. Treatment to date has included medication management, x-rays, MRI studies, electrodiagnostic testing, physical therapy, acupuncture, and chiropractic. The plan of care includes pain management consultation and 12 physical therapy sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine and lumbar spine, 2 times per week for 6 weeks quantity: 12 sessions: Upheld

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

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

Decision rationale: This patient presents with neck pain with radiation into her shoulders and upper-mid back. The current request is for Physical therapy for the cervical spine and lumbar spine, 2 times per week for 6 weeks quantity: 12. Treatment history includes physical therapy, acupuncture, chiropractic treatments, and medications. The RFA is dated 05/20/15. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 05/12/15, the patient complains of neck pain with radiation into her shoulders and upper-mid back, with occasional pain radiating into the left arm with associated numbness and tingling to the level of the elbow. Additionally, she reports low back pain with occasional radiation into her legs associated with slight numbness and tingling in the left leg. It was reported that 3 months following the injury the patient "received physical therapy and acupuncture for her neck, with no benefit noted." The patient does not recall how many sessions she received. The treater states that a "trial of therapy at a different location with a different therapist is still worthwhile." In this case, the patient has participated in an undisclosed number of PT sessions with "no benefit." In addition, the current request for 12 sessions exceeds what is recommended by MTUS. The request for additional physical therapy IS NOT medically necessary.

Consultation with pain management for possible cervical injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: This patient presents with neck pain with radiation into her shoulders and upper-mid back. The current request is for Consultation with pain management for possible cervical injections. Treatment history includes physical therapy, acupuncture, chiropractic treatments, and medications. The RFA is dated 05/20/15. The patient is not

working. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to progress report 05/12/15, the patient complains of neck pain with radiation into her shoulders and upper-mid back, with occasional pain radiating into the left arm with associated numbness and tingling to the level of the elbow. Additionally, she reports low back pain with occasional radiation into her legs associated with slight numbness and tingling in the left leg. The treater would like to refer the patient to a "pain management specialist to try injections, which may be trigger point or epidural variety." ACOEM supports such consultations in cases where the patient's course of care could benefit from additional expertise. Given this patient's clinical presentation, the provider is justified in seeking a specialist opinion on the need for possible further intervention. Therefore, the request IS medically necessary.