

Case Number:	CM15-0114727		
Date Assigned:	06/23/2015	Date of Injury:	03/31/2010
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female, who sustained an industrial injury on March 31, 2010. She reported neck pain with tingling in the fingers. The injured worker was diagnosed as having cervical radiculopathy status post cervical fusion. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain with associated pain and tingling in the fingers. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 6, 2015, revealed continued pain as noted with associated symptoms. She noted physical therapy improved the symptoms temporarily each time she had sessions. She reported her bra increased the pain and symptoms. She reported separate injuries involving the neck and back. She had back pain when lifting a child at school where she was working and neck pain after being hit in the head with a football. Physical therapy for the neck was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 1 to 2 x 3 to 6 in Treatment of The Neck Qty 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2010 and continues to be treated for radiating neck pain. When seen, physical therapy in September 2012 had been helpful but with a return of symptoms four days after treatments. When seen, there was decreased and guarded cervical spine range of motion with paraspinal tenderness and muscle spasms. There was trapezius muscle tenderness. There were left and paresthesias. Authorization for six physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be needed to establish a home exercise program. The request was appropriate and medically necessary.