

Case Number:	CM15-0126347		
Date Assigned:	07/13/2015	Date of Injury:	04/20/2013
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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, New York, California
 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 applicant is a represented 36-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 20, 2013. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for physical therapy for the cervical spine while conditionally approving Norco. The claims administrator referenced a June 8, 2015 RFA form and an associated progress note of April 28, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of June 8, 2015, six sessions of physical therapy and Norco were endorsed. In an associated progress note of April 28, 2015, the applicant reported ongoing complaints of neck, shoulder, and arm pain with associated headaches. The applicant had had massage therapy. The applicant was apparently in the process of looking for work, it was suggested in one section of the note. In another section of the note, the applicant was described as having been terminated by her former employer following earlier failed cervical spine surgery. Pain-limited cervical range of motion was noted. Additional physical therapy was sought. The applicant's permanent 10-pound lifting limitation was renewed, as was Norco. The attending provider also asked the applicant to perform a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for cervical spine x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98-99; 8.

Decision rationale: No, the request for six sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of eight to ten sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider reported on April 28, 2015 that the applicant was performing home exercises of her own accord. It was not clearly stated why further formal physical therapy was needed at this late stage in the course of the claim. The applicant, furthermore, appeared to have plateaued in terms of the functional improvement parameters established in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Permanent work restrictions were renewed, unchanged, on the April 28, 2015 office visit referenced above. The applicant remained dependent on opioid agents such as Norco. The applicant was not working with the 10-pound lifting limitation in place, it was reported. It appeared, in short, that the applicant had plateaued in terms of the functional improvement parameters established in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.