

Case Number:	CM15-0126460		
Date Assigned:	07/13/2015	Date of Injury:	10/19/2012
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
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: California, Massachusetts

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 56 year old male, who sustained an industrial injury on 10/19/2012, due to cumulative trauma. The injured worker was diagnosed as having failed cervical back syndrome, cervical disc herniation, opiate dependence, cervical disc displacement with myelopathy, and cervical radiculopathy. Treatment to date has included diagnostics, cervical spinal surgery, cervical epidural steroid injection in 2013, unspecified physical therapy, and medications. Currently, the injured worker complains of pain in his neck, shoulders, and left knee. Pain was rated 7/10 on average and 10/10 at worst. Pain was made worse with increased activity and made better by taking medications. His body mass index was 39%. Exam of the cervical spine noted evidence of spasm, reduced range of motion, tenderness in the paravertebrals bilaterally at C5-6 and C6-7, positive Spurling's test on the right for neck pain and radiculopathy, and on the left for neck pain only. Sensations were diminished in the right C6 and C7 dermatomes and strength was 5/5, except decreased grip strength on the right. His work status was permanent and stationary. He had gone through an outpatient opiate detoxification and was using Suboxone. He also continued to use Bupropion, Lyrica, Fluoxetine, and Clonazepam. The treatment plan included physical therapy for the cervical spine x12. The previous PR2 report (5/04/2015) noted radicular pain, with failed conservative treatments, including physical/home exercise therapy.

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, quantity: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries. The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. According to the provided records the injured worker has already been approved for 18 sessions of PT although it is unclear from the provided records how many sessions the patient actually attended). While renewed PT may be appropriate if there was functional improvement with the initial course of therapy and HEP is not effective, however there are no provided documents to suggest that there was functional improvement with prior course of PT and HEP had been tried. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are not medically necessary.