

Case Number:	CM15-0126568		
Date Assigned:	07/13/2015	Date of Injury:	09/04/2013
Decision Date:	08/06/2015	UR Denial Date:	06/26/2015
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: 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 55 year old female, who sustained an industrial injury on 9/4/13. She has reported initial complaints of a fall and hitting her head with headache, concussion and shoulder pain. The diagnoses have included cervical radiculitis, cervical degenerative disc disease (DDD), cervical spinal stenosis, neck pain, cervical disc disorder with myelopathy, and sciatica/neuralgia sciatic nerve. Treatment to date has included medications, activity modifications, physical therapy, chiropractic and other modalities. Currently, as per the physician progress note dated 6/12/15, the injured worker complains of neck pain with spasms and occasional left leg sciatica like pain. She reports that she was getting physical therapy previously and saw improvement and would like to continue with physical therapy. She notes that the myofascial release therapy has improved her neck but stopping the therapy has resulted in regression. The neck pain has increased from 2-3/10 on pain scale to 3-4/10 on pain scale since last visit and she reports she can't turn the neck as well and has increased spasms. The diagnostic testing that was performed included lumbar x-ray, Magnetic Resonance Imaging (MRI) of the cervical spine, and computerized axial tomography (CT scan) of the neck. The physical exam of the neck reveals reduced range of motion with twist to the right, and tenderness to palpation over the paraspinal muscles and right trapezius. The previous therapy sessions were noted. The physician requested treatment included Physical therapy, 12 sessions of myofascial release for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions of myofascial release for the cervical spine: Upheld

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

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 and September 2013 and continues to be treated for neck pain. When seen, there had been improvement when undergoing myofascial release treatments with a regression when these treatments had been completed. She had pain rated at 3-4/10 and was having increased muscle spasms and difficulty turning her neck. She was having occasional left lower extremity sciatic symptoms. Physical examination findings included a BMI of over 30. There was decreased cervical spine range of motion with paraspinal muscle tenderness and tensesness over the right trapezius. An additional 12 physical therapy treatments for myofascial release was requested. The claimant is being treated for chronic pain with no new injury and has recently completed physical therapy treatments. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. Skilled therapy in excess of that necessary could promote dependence on passively provided treatments which appears likely in this case. The request is not medically necessary.