

Case Number:	CM15-0129950		
Date Assigned:	07/16/2015	Date of Injury:	07/22/2003
Decision Date:	08/12/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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 65-year-old male who sustained an industrial injury on July 22, 2003. He has reported pain in the neck and has been diagnosed with cervical radiculopathy, cervical spondylosis, chronic pain syndrome, and myofascial pain with muscle spasms. Treatment has included medications and a home exercise program. There was pain with palpation of the spinous processes of the cervical spine. There was decreased range of motion of the cervical spine in all parameters. There were multiple points of myofascial pain to palpation in the cervical region of the injured workers back. He rates his pain level as an 8 to 9 on a scale of 10 without medications, and a 3 to 4 on a scale of 10 with medications. The pain radiates down both upper extremities. The treatment request included physical therapy to 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 2x3 to the cervical spine with re-evaluation x1 visit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 has a remote history of a work-related injury and continues to be treated for neck pain. When seen, he was having radiating upper extremity symptoms and neck stiffness. Physical examination findings included decreased cervical spine range of motion and tenderness and muscle spasms. The claimant is being treated for chronic pain. 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 request is consistent with that recommended and what might be anticipated in terms of revising his home exercise program and was medically necessary.