

Case Number:	CM15-0176105		
Date Assigned:	09/17/2015	Date of Injury:	05/23/2014
Decision Date:	10/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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 52 year old male, who sustained an industrial injury on May 23, 2014. The injured worker is being treated for musculoligamentous cervical spine of the cervical spine with upper extremity radiculitis. Medical records (March 13, 2015 to July 10, 2015) indicate the injured worker has ongoing low back pain, warmth behind the neck, and stiffness with limited range of motion and pain radiating with numbness and tingling down the bilateral arms to the fingers. He reported ongoing, constant low back pain and stiffness with pain radiating down the bilateral legs with occasional radiating pain to the left foot. His current medications include Cyclobenzaprine 10mg, Ibuprofen 800mg, and Methocarbamol 750mg, which help him to tolerate his pain. He is working full duty. The physical exam (April 3, 2015 and July 10, 2015) the injured worker's lacks of inches from touching his toes has increased from 8 inches on April 3, 2015 to 10 inches on July 10, 2015. The physical exam (May 11, 2015) reveals decreased sensation in all of the bilateral fingers. There was no documentation of cervical assessment on the physical exam (March 13, 2015 to July 10, 2015). On August 15, 2015, a MRI of the cervical spine revealed 3-4 millimeter posterior disc bulges at C4-5 (cervical 4-5) and disc space narrowing, and posterior disc bulges at 2-3 millimeter at C5-6 (cervical 5-6) and 3-4 millimeter at C6-7(cervical 6-7) with mild to moderate central canal narrowing at C4-5 and slight to moderate at C5-6, and mild to moderate at C6-7. There is moderate to severe left-sided neural foraminal narrowing at C5-6 and mild at C6-7. There is anterior C5-6 spondylosis deformans. Treatment has included at least 12 sessions of chiropractic therapy with manual therapy and therapeutic exercise, work modifications, non-steroidal anti-inflammatory injections, and

medications including short-acting and long-acting opioid analgesic, muscle relaxant, and non-steroidal anti-inflammatory. The medical records (March 13, 2015) refer to the injured worker's neck was decreased due to physical therapy. However, the medical records do not contain the dates and results of physical therapy for the neck. Per the treating physician (July 10, 2015 report), the injured worker is to return to working full duty. On August 4, 2015, the requested treatments included 8 sessions of physical therapy for the neck. On September 4, 2015, the original utilization review non-certified a request for 8 sessions of physical therapy for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week, neck QTY: 8.00 (per 07/10/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: In terms of physical therapy for cervical or lumbar radiculitis, guidelines recommend up to 12 treatment sessions over 8 weeks and the claimant has already had therapy and at least partial concurrent txd would be expected. 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. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.