

Case Number:	CM15-0176144		
Date Assigned:	09/17/2015	Date of Injury:	02/12/2013
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
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: California

Certification(s)/Specialty: Emergency 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 55 year old male, who sustained an industrial injury on February 12, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post C4-C7 anterior cervical discectomy and fusion (ACDF), right cubital tunnel syndrome, and pseudarthrosis C4-C5 and C6-C7. On July 28, 2015, the injured worker reported neck pain and burning rated 3 out of 10 on the visual analog scale (VAS) with medication which increased to 5 out of 10 on the visual analog scale (VAS) without medication. The Primary Treating Physician's report dated July 28, 2015, noted the injured worker's facetogenic pain 90-100% improved following radiofrequency ablation, with residual burning sensation at the base of his skull and intermittent muscle spasm. The injured worker was noted to utilize Tramadol, Motrin, and Soma with good benefit. The physical examination was noted to show tenderness to palpation at the base of the skull, across the trapezius, and in the interscapular space with spasm, with orthopedic testing of the cervical spine revealing local pain. The Physician noted a request for authorization for physical therapy for the cervical spine to focus on massage, modalities, stretching, strengthening, and range of motion (ROM) in an attempt to ease the post procedure pain. Prior treatments have included radiofrequency ablation from C3-7 on 6/29/2015, bilateral C4-C7 medial branch blocks on April 6, 2015, physical therapy, including 8 sessions from March 2, 2015 to April 1, 2015, with increased cervical pattern of movement and improved cervical active range of motion (ROM) noted, and medication. The injured worker was noted to be temporarily partially disabled, and prescribed modified duty. The request for authorization dated July 28, 2018, requested physical therapy 2 times per week for 4 weeks for the cervical

spine to ease post procedural pain. The Utilization Review (UR) dated September 2, 2015, non-certified the request for physical therapy 2 times per week for 4 weeks for the cervical spine to ease post procedural pain.

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 for 4 weeks for the cervical spine to ease post procedural pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior 8 PT sessions was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Guidelines recommend a maximum of 10 sessions. Prior sessions in combination with this request would exceed guideline recommendations. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.