

Case Number:	CM15-0177459		
Date Assigned:	09/28/2015	Date of Injury:	10/25/2000
Decision Date:	11/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 59 year old male, who sustained an industrial injury on 10-25-2000. The records did not included the details regarding the initial injury. Diagnoses include cervical spine herniated nucleus pulposus with stenosis, radiculopathy, status post cervical spine fusion, and chronic pain. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of ongoing neck pain rated 6 out of 10 VAS without medication. Medications were documented to decreased pain to 3-4 out of 10 VAS. There was radiation to bilateral upper extremities with numbness and tingling. The provider documented he reported physical therapy treatment helps to "reduce pain and increased range of motion and activities of daily living." On 7-17-15, the physical examination documented limited cervical range of motion with a positive Spurling's test bilaterally and weakness and sensory deficits noted in bilateral upper extremities. According to the plan, the injured worker was to continue physical therapy for the cervical spine twice a week for four weeks and shoulder include deep tissue massage. The medical records submitted for this review included an initial evaluation from physical therapy dated 3-18-15, requesting physical therapy three times a week for four weeks, and subsequent daily treatment notes. The records did not, however, clearly document the number of total physical therapy sessions provided. The appeal requested physical therapy twice a week for four weeks to treat the cervical spine. The Utilization Review dated 8-10-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, cervical spine: 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: According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses, considering that he stated therapy provided 50% pain relief and increased activities of daily living. However, his original request was for 12 visits, but it is unclear from the provided notes as to how many sessions he attended prior to the current request. Based on the available information, further clarification is needed prior to authorizing additional physical medicine visits. Therefore, the request for physical therapy twice a week for four weeks to treat the cervical spine is not medically necessary.