

Case Number:	CM15-0178428		
Date Assigned:	09/18/2015	Date of Injury:	11/12/2010
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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 53 year old female with an industrial injury dated 11-12-2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical strain, advanced degenerative disc disease at C6-7, chronic left C5-6 polyradiculopathy, mild bilateral carpal tunnel syndrome, small light paracentral herniation at C4-5, and right paracentral herniation at C6-7. Treatment has included diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 08-04-2015, the injured worker reported severe neck pain with radiation in to the right shoulder area. Objective findings (08-04-2015) revealed full cervical flexion and decrease cervical range of motion in all other planes, tenderness in the cervical midline from C5-C7 and over the right trapezial muscles to palpitation. MRI of the cervical spine dated 07-29-2015 revealed "3-4 millimeter right sided asymmetric disc bulge and broad base protrusion which was present on prior exam. There was left sided disc bulge without foraminal stenosis. C4-5 revealed 2 millimeter disc bulge without canal stenosis, right sided disc bulge extending into the right facet hypertrophy and mild to moderately narrows the right neural foraminal. The left neural foramen was patent, which was unchanged from previous exam. C5-6 and C3-4 revealed minor discogenic disease without canal or foraminal stenosis." The treatment plan included anti-inflammatory cream and a course of physical therapy for the neck. The original utilization review determination (08-27-2015) partially approved the request for physical therapy for 8 sessions for cervical spine (original: 3 times a week for 4 weeks, 12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times a week for four (4) weeks for the cervical spine (12 sessions): 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) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2010 and is being treated for neck pain with upper extremity radiating symptoms. Treatments include more than 30 therapy sessions from February 2015 through July 2015 after a left medial and lateral epcondylectomy and ulnar nerve transposition in December 2014. When seen, she was having severe neck pain with radiating right shoulder pain. Symptoms were unchanged from the prior evaluation in May 2015. Physical examination findings included cervical and trapezius tenderness and decreased triceps strength and right upper extremity sensation. Authorization for 12 physical therapy treatment sessions was requested. The claimant is being treated for chronic pain with no new injury to the cervical spine. 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 number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.