

Case Number:	CM15-0038004		
Date Assigned:	03/06/2015	Date of Injury:	12/24/2008
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 24, 2008. In a utilization review report dated January 28, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the cervical spine. The claims administrator referenced an office visit dated January 20, 2015. The claims administrator contended that the applicant had failed to profit from earlier treatment. The claims administrator contended that the applicant had had at least 24 documented sessions of physical therapy through the date of the request. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant reported ongoing complaints of neck pain and headaches. Cervical medial branch blocks were sought. The applicant was using a variety of medications, including Mobic, Fioricet, Flector patches, Ambien, Nexium, Synthroid, and Skelaxin. LidoPro cream was dispensed. The applicant's work status was not detailed. On January 20, 2015, the applicant reported ongoing complaints of neck pain. The applicant had self-procured both chiropractic manipulative therapy and physical therapy at various points in time, it was suggested. Ongoing complaints of neck pain radiating to the arm were reported. The applicant was working regular duty, it was stated in one section of the note. Fioricet, additional physical therapy, and medial branch blocks were sought.

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 Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: 1.No, the request for eight additional sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (24 sessions, per the claims administrator), significantly in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the attending provider had seemingly suggested that the applicant had returned to regular-duty work, despite ongoing multifocal pain complaints. It was not clearly stated, thus, why the applicant could not transition to self-directed home-based physical medicine, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, just as she had already transitioned to regular-duty work. Therefore, the request was not medically necessary.