

Case Number:	CM15-0062822		
Date Assigned:	04/08/2015	Date of Injury:	07/09/2014
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old female, who sustained an industrial injury on July 9, 2014. She reported neck and back pain. The injured worker was diagnosed as having cervical spine degenerative disc disease and myofascial pain. Treatment to date has included diagnostic studies, physical therapy, intralaminar injection of the cervical spine, medications and activity modifications. Currently, the injured worker complains of anxiety, neck pain, back pain, paresthesias in the right hand thumb, first and third digits, radiating pain in the bilateral shoulders and bilateral posterior thighs. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 9, 2015, revealed continued pain. Physical therapy for the cervical spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6 weeks for the 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical degenerative disease; cervical spondylosis without myelopathy; and cervical myofascial pain. Subjectively, and a progress note dated February 6, 2015, the injured worker has neck pain that radiates the right upper extremity. The symptoms became more bothersome when the injured worker participates in physical therapy. Objectively, the documentation states cervical facet loading is positive on the right greater than left. There are no focal neurologic deficits and the gait is normal. The documentation shows the injured worker received 12 to 14 physical therapy sessions to the cervical spine. There is no documentation evidencing objective functional improvement. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There were no clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy (12 to 14 sessions) with compelling clinical facts to warrant additional physical therapy over that allowed pursuant to the guidelines, physical therapy three times per week times six weeks to the cervical spine is not medically necessary.