

Case Number:	CM15-0066457		
Date Assigned:	04/14/2015	Date of Injury:	08/23/2011
Decision Date:	05/21/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/07/2015

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: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on August 23, 2011. The injured worker has been treated for neck, shoulder, chest and low back pain. The diagnoses have included cervical radiculitis, cervical sprain, knee pain/patellofemoral syndrome, chest contusion with multiple rib fractures, thoracic spine sprain/strain, lumbar spine sprain, left shoulder injury and depression. Treatment to date has included medications, radiological studies, psychological testing, chiropractic treatment and a home exercise program. Current documentation dated February 25, 2015 notes that the injured worker reported getting frequent flare-ups of headaches, neck and low back pain. Examination of the cervical spine revealed pain and stiffness of the neck and back. The treating physician's plan of care included a request for physical therapy to the cervical spine # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: Per the 02/25/15 Progress report the patient presents with a flare up of neck and lower back pain and headaches. He ambulates with a cane. The patient's diagnoses include Cervical radiculitis. The current request is for physical therapy for the cervical spine, twice weekly for six weeks. The RFA is not included; however, the 03/06/15 utilization review states it is dated 02/25/15. The report does not state if the patient is currently working. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The treating physician does not discuss the reason for this request; however, the patient is documented to have a flare up of neck pain. There is no evidence of prior physical therapy cervical for this patient. While the patient may benefit from a course of therapy, the current request of 12 visits exceeds what is allowed by the MTUS guidelines. The request IS NOT medically necessary.