

Case Number:	CM15-0072768		
Date Assigned:	04/23/2015	Date of Injury:	09/25/2012
Decision Date:	06/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, Texas
 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:

This 59-year-old female sustained an industrial injury to the neck on 9/25/12. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, cognitive behavioral therapy and medications. In a pain medicine reevaluation dated 2/25/15, the injured worker complained of neck pain with radiation to bilateral upper extremities associated with headaches, muscle spasms, and low back pain with radiation to bilateral lower extremities. The injured worker rated her pain 8/10 on the visual analog scale. The injured worker had recently finished four weeks of physical therapy and reported improved pain control and function. Current diagnoses included cervical disc degeneration, cervical facet arthropathy, cervical spine radiculopathy, lumbar spine radiculopathy and chronic pain syndrome. The treatment plan included additional physical therapy one to two times per week with the goal of transition to a home exercise program and medications (Alprazolam, Aspirin, Atenolol, Glipizide, Lisinopril and Metformin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 x 4 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 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the documentation supports that the patient has had prior PT sessions (22). The prior sessions of PT are sufficient to establish a home exercise program. Further PT is not medically necessary.