

Case Number:	CM15-0078442		
Date Assigned:	04/29/2015	Date of Injury:	07/11/2011
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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:

This 48 year old male sustained an industrial injury to the neck and low back on 7/11/11. Previous treatment included magnetic resonance imaging, physical therapy, cervical pillow, ice and medications. In a PR-2 dated 3/16/15, the injured worker complained of neck pain with radiation to bilateral arms, rated 3/10 on the visual analog scale with medications and 9/10 without medications. The injured worker also complained of deep itching in his arms caused by his neck pain and was requesting an ice pack for his neck as he used one in physical therapy and found it to be helpful. The injured worker was also requesting a cervical pillow. The injured worker reported having seen an orthopedic surgeon who recommended physical therapy. Current diagnoses included lumbar spine radiculopathy, lumbar spine degenerative disc disease, low back pain and mood disorder. The treatment plan included referral for second opinion on the cervical spine, twelve sessions of physical therapy, ice gel pack for neck, cervical pillow and increasing Tramadol from three times a day to four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar radiculopathy; spinal/lumbar degenerative disc disease; low back pain; and disorder. The request for authorization is dated March 24, 2015. In a progress note dated February 16, 2015, the treating provider received authorization for 12 physical therapy sessions to the low back and neck. Acupuncture was started for the neck and knee. Documentation according to the most recent progress note dated March 16, 2015 shows the injured worker has complaints of neck, back and bilateral knee pain. The injured worker saw a surgeon who recommended physical therapy for the cervical spine. If the physical therapy was unsuccessful surgical intervention might be required. The documentation shows the injured worker received 12 physical therapy sessions based on the February 16, 2015 note to the cervical spine. There are no compelling clinical facts indicating additional therapy is warranted. Additionally, there is no documentation of objective functional improvement with the first 12 physical therapy sessions. The request for authorization does not specify a location for physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy to the cervical spine and compelling clinical documentation indicating additional physical therapy is clinically warranted, 12 sessions of physical therapy is not medically necessary.

1 Technogel Petite Pillow for the Cervical Spine, 3.5 " height: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Pillow.

Decision rationale: Pursuant to the Official Disability Guidelines, one Technogel Petite Pillow for the cervical spine 3.5 inch height is not medically necessary. The guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, the injured worker's working diagnoses are lumbar radiculopathy; spinal/lumbar degenerative disc disease; low back pain; and disorder. The request for authorization is dated March 24, 2015. The documentation from a

February 16, 2015 progress note shows the treating provider ordered a cervical pillow for the injured worker. The wrong pillow was delivered. The treating provider is now requesting a second cervical pillow (to replace the first pillow incorrectly sent). The treating provider should be requesting an exchange and not a new pillow. Consequently, absent compelling clinical documentation for a second pillow (incorrect first pillow delivered to the treating provider) with documentation of an exchange for the first pillow, one Technogel Petite Pillow for the cervical spine 3.5 inch height is not medically necessary.