MAXIMUS Federal Services

Case Number:	CM15-0092240		
Date Assigned:	05/18/2015	Date of Injury:	09/12/2014
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female who sustained an industrial injury on 09/12/2014. Mechanism of injury was a motor vehicle accident. Injury affected multiple body parts. Diagnoses include neck pain, cervical disc herniation, cervical radiculitis, muscle pain and numbness. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy, traction and H-wave, and home exercise program. Her current medications include Amitiza 24mcg-1 twice a day with breakfast and dinner, Vyvanse 50mg 1 tablet daily, Savella 50mg, twice daily as needed for pain, Flexeril 7.5mg twice a day as needed for muscle spasms, Anaprox 550mg, twice a day as needed for pain, Prilosec 20mg 1 daily, Tramadol ER 150mg 1 daily, Symbicort inhaler, Xopenex 0.31mg/3ml in nebulizer, 6ml every 6-8 hours as needed, and Singular by mouth-no times entered. X rays of the lumbar spine done on 09/26/2014 showed mild lumbar hyper lordosis and mild disc/endplate degeneration and facet hypertrophy at L5-S1. Cervical spine x rays done on 09/26/2014 showed straightening, minimal reversal of cervical lordosis and mild upper thoracic curvature. There is disc/endplate degeneration from C3-4 to C6-7. There is mild to moderate facet hypertrophy. Moderate left C6-7, mild C5-6 bony foraminal narrowing. A Magnetic Resonance Imaging of the thoracic back done on 09/26/2014 revealed mild alternating thoracic curvature. There is minimal thoracic endplate spurring. Possible age-indeterminate mild right lateral wedging of T2-T3; may be projectional related to spinal curvature. An Electromyography done on 04/20/2015 shows evidence of a bilateral C6 nerve root radiculitis. There is documentation that the injured worker went for a Magnetic Resonance Imaging of the cervical spine on 12/23/2014 and showed a disc bulge at C2-3 without

stenosis, and disc herniation at C3-4 and C4-5 causing mild narrowing of the central canal and neural foramina bilaterally. There is C5-6 disc herniation, right sided, and causing mild narrowing of the central canal and neural foramina bilaterally. There is left-sided disc herniation at C6-7 and causing mild narrowing of the central canal and neural foramina bilaterally, and a mild disc bulge at C7-T1, mild facet and uncovertebral arthropathy form C4-5 through C6-7. The report is not present with documentation. A physician progress note dated 04/20/2015 documents the injured worker complains of neck and bilateral upper extremity pain. She describes her pain as aching in the neck, trapezius, and upper arms right more than the left. She has intermittent numbness in the forearm and hands mainly on the right. She rates her pain as 5 out of 10 on a Visual Analog Scale without medications, and 1 out of 10 with medications. On examination of the cervical spine sensation is intact. There is tenderness in the cervical paraspinals and trapezius bilaterally, right greater than left. Cervical spine range of motion is limited with extension and rotation bilaterally due to pain. Her medications are helpful to decrease her pain and increase her function. The treatment plan is for an epidural cervical spine steroid injection, and Tramadol, Omeprazole and Cyclobenzaprine were reordered. Treatment requested is for physical therapy to neck and cervical spine Qty: 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to neck/cervical spine Qty: 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2014 as a result of a motor vehicle accident. Treatments have included medications, physical therapy, chiropractic care, modalities, and the claimant has a home exercise program. When seen, she was having neck and bilateral upper extremity pain. Physical examination findings included decreased and painful cervical spine range of motion with cervical and trapezius muscle tenderness. The claimant is more than six months status post injury and is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy including a home exercise program. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency. The request was not medically necessary.