

Case Number:	CM15-0093605		
Date Assigned:	05/19/2015	Date of Injury:	07/27/2011
Decision Date:	06/26/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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 71 year old male who sustained an industrial injury on 07/27/2011. Mechanism of injury was from a fall of about 3-4 feet, and landed on his right side, and losing consciousness. He had multiple rib fractures, right shoulder, and right clavicle as well as a contusion to the chest, face and head. Diagnoses include cervical degenerative disc disease, and headaches. Current medications include Ibuprofen, Norco, Excedrin, Magnesium, Naproxen, Depakote and Fioricet. There is documentation present in a QME re-evaluation dated 03/19/2015 that a cervical Magnetic Resonance Imaging done on 06/18/2014 showed spinal straightening suggesting spasm. C3-4 showed disc bulge with foraminal narrowing and facet hypertrophy, C4-5-disc bulge with foraminal narrowing and facet hypertrophy, C5-6-disc bulge and osteophyte with foraminal narrowing and facet hypertrophy, C6-7 posterior osteophyte with foraminal narrowing and a facet hypertrophy, C7-T1 disc bulge with foraminal narrowing and T1-2- disc bulge. Treatment to date has included medications, and physical therapy. A physician progress note dated 04/18/2015 documents the injured worker complains of neck pain rated 6 out of 10 and radiates the left upper extremity and is an aching, dull pain. He complains of a left temporal, occipital and frontal area headache which he rates as 6 out of 10, and it occurs 3-4 times a week for 3-4 hours. His medications help with the pain 20-40%. The treatment plan is for medications which include Ibuprofen and Baclofen, and selective nerve root blocks. Treatment requested is for physical therapy two times six for the c-spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times six for the c-spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 96-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: This patient presents with chronic neck pain. The current request is for Physical therapy two times six for the c-spine. The Request for Authorization is dated 04/21/15. Treatment to date has included medications, and physical therapy. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines 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." According to progress report 04/18/15, the patient continues to have neck pain and headaches. The neck pain radiates into the bilateral upper extremity and is described as an achy dull pain. The treating physician reported that medications help reduce pain 20-40% and the patient is s/p PT with not such pain relief. Treatment plan was for SNRB on the right and physical therapy after the injections. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date is not indicated. Report 04/18/15 stated that the patient is status post physical therapy with minimal relief. The MTUS guidelines do not discussion additional PT following injections. In this case, the request for 12 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.