

Case Number:	CM13-0002035		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2009
Decision Date:	02/27/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year-old male sustained an injury on 7/8/09 while employed. Requests under consideration include 6 physical therapy sessions for the cervical spine 12 physical therapy sessions over 30 days for the lumbar spine between 7/1/13 and 9/10/13. Report of 7/1/13 from [REDACTED] noted the patient with complaints of headaches, low back pain with stiffness, right forearm numbness, neck pain with stiffness, short-term memory loss, anxiety, depression, and insomnia. Exam showed elevated blood pressure, decreased neck range of motion with pain, negative Spurling's sign, abdominal surgical scars, full extremity range of motion, normal muscle tone, normal pulses bilaterally, bilateral sub-occipital and occipital tenderness, negative SLR, facet tenderness, positive facet loading test in right lumbar region, normal gait, greater trochanter tenderness, diminished sensation over ulnar aspect of right forearm, normal bilateral upper extremity strength, decreased bilateral upper and lower extremity reflexes, and normal bilateral lower extremity sensation and motor strength. Diagnoses include chronic pain syndrome, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, chronic post-traumatic headache, unspecified bipolar disorder, persistent disorder of initiating r maintaining sleep, esophageal reflux, post-concussion syndrome, and memory loss. Treatment include Nucynta ER, repeat radiofrequency lesioning of the right L3-5 region, 6 PT of cervical spine, 12 PT of lumbar spine, psychotherapy, psychiatrist evaluation for psychiatric medical management and follow-up visit. Requests were non-certified on 7/15/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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

Decision rationale: This 37 year-old male sustained an injury on 7/8/09 while employed. Report of 7/1/13 from [REDACTED] noted the patient with complaints of headaches, low back pain with stiffness, right forearm numbness, neck pain with stiffness, short-term memory loss, anxiety, depression, and insomnia. Diagnoses include chronic pain syndrome, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, chronic post-traumatic headache, unspecified bipolar disorder, persistent disorder of initiating or maintaining sleep, esophageal reflux, post-concussion syndrome, and memory loss. The patient has received previous courses of physical therapy in 2009, 2011, and 2012 without any documented functional improvement and continues with persistent chronic pain complaints. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 6 physical therapy sessions for the cervical spine is not medically necessary and appropriate.

12 physical therapy sessions over 30 days for the lumbar spine between 7/1/13 and 9/10/13: Upheld

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

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

Decision rationale: This 37 year-old male sustained an injury on 7/8/09 while employed. Report of 7/1/13 from [REDACTED] noted the patient with complaints of headaches, low back pain with stiffness, right forearm numbness, neck pain with stiffness, short-term memory loss, anxiety, depression, and insomnia. Diagnoses include chronic pain syndrome, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, chronic post-traumatic headache, unspecified bipolar disorder, persistent disorder of initiating or maintaining sleep, esophageal reflux, post-concussion syndrome, and memory loss. The patient has received previous courses of physical therapy in 2009, 2011, and 2012 without any documented functional improvement and continues with persistent chronic pain complaints. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. There is no report of acute flare-up and the patient has

been instructed on a home exercise program for this 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 physical therapy sessions over 30 days for the lumbar spine between 7/1/13 and 9/10/13 is not medically necessary and appropriate.