

Case Number:	CM13-0010103		
Date Assigned:	04/23/2014	Date of Injury:	09/01/2006
Decision Date:	07/29/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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 is a patient with a date of injury of September 1, 2006. A utilization review determination dated July 9, 2013 recommends non-certification of PT. A June 6, 2013 medical report identifies that the patient had cervical ESI (epidural steroidal injection) that gave her a year of relief and she was able to wean herself off of oral pain medications. Now, pain has returned and it is quite severe. She is back on oral pain medications and it is not helping. Neck pain is causing severe headaches and radiating to mid-back and upper extremities. On exam, there is cervical spine stiffness, spasm, and decreased ROM (range of motion). The provider recommended epidural injections, twelve sessions of physical therapy, and a home TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

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

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) Neck and Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, The Chronic Pain Medical Treatment Guidelines cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The Chronic Pain Medical Treatment Guidelines recommend continuing therapy only if there is documentation of functional improvement. Within the documentation available for review, it appears that the provider is requesting twelve sessions of physical therapy in conjunction with an epidural steroid injection to manage an exacerbation of the patient's pain. The patient has a longstanding injury and there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. While a few sessions of physical therapy may help progress the patient back into a HEP (home exercise program), The Chronic Pain Medical Treatment Guidelines recommends only up to 10 total sessions for the management of this injury and ODG recommends one to two sessions for post-injection treatment. Unfortunately, there is no provision for modification of the current request to a supported amount of physical therapy sessions. The request for physical therapy is not medically necessary or appropriate.