

Case Number:	CM14-0011603		
Date Assigned:	02/21/2014	Date of Injury:	01/30/2006
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 male patient with the injury of January 30, 2006. A utilization review determination dated December 27, 2013 recommends non-certification of physical therapy for three times per week for four weeks for the cervical spine, thoracic spine, and lumbar spine. Non-certification is recommended because previous physical therapy was not effective, there is no indication as to why the patient cannot perform a home exercise program, and the request of 12 visits of physical therapy exceeds the recommendation of 10 visits for the diagnoses. A progress note dated October 25, 2013 identifies subjective complaints of neck, back, and lower extremity pain that is described as a constant burning and sharp pain. The patient also reports numbness in the lower extremities and a pain level of 7-8/10 on a good day and a 9/10 on a bad day. The patient symptoms are worsened with cold, activity, standing, and walking. The pain is alleviated and find down and with medications. The patient reports that narcotic pain medications have been helpful in the past. Physical therapy, acupuncture, group therapy, and psychiatrist/psychologist have not provided lasting relief. The patient's current pain level is a 7/10. Without medications the patient's pain score is a 9-10/10 and a 6/10 with medication. The patient's current medications include Hydrocodone - Acetaminophen 10/325 twice a day as needed for pain and Naprosyn. Physical examination identifies a cervical examination with tenderness to palpation of the paraspinals, cervical forward flexion at 30°, right lateral flexion at 25°, left lateral flexion at 30°, hyperextension at 35°, right lateral rotation at 45°, and left lateral rotation at 45°. The thoracic examination reveals tenderness to palpation of the paraspinals. The lumbar/sacral examination reveals tenderness palpation of the lumbar paraspinals, forward flexion at 60° hyperextension at 10°. The patient is ambulatory with an antalgic gait and the patient's posture is normal. Diagnoses include thoracic degenerative disc disease, lumbar degenerative disc disease, and cervical degenerative disease. The treatment plan recommends medication refill for

Hydrocodone - Acetaminophen, a urine toxicology screening, physical therapy for three times per week for four weeks of the cervical, thoracic, and lumbar spine, clarification of accepted body parts, follow-up in four weeks, and narcotic contract signature. A progress note dated November 21, 2013 identifies subjective complaints of continued neck, back, and bilateral leg pain. The patient's pain level is an 8/10 at the time of the visit; and his pain level is a 9-10/10 without medications, and a 6/10 with medications. The patient reports that the medications keep him functional, increases mobility, and increases tolerance of ADLs and home exercises. The patient denies any side effects to the currently prescribed medications of Hydrocodone - Acetaminophen and Naprosyn. The treatment plan recommends a follow-up in eight weeks, requests for physical therapy three times per week for four weeks for the cervical spine, thoracic spine, and lumbar spine. The patient prefers not to proceed with any interventional treatment and he was advised to continue with a home exercise program and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWEEK X 4 WEEKS CERVICAL, THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 and 298, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy for 3 times a week for 4 weeks for the cervical, thoracic, and lumbar spine, Chronic Pain Medical Treatment Guidelines recommends a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy previously provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Furthermore, the request of 12 physical therapy visits exceeds the recommendation of 10 visits for this patient's diagnosis. As such, the current request for physical therapy for 3 times a week for 4 weeks for the cervical, thoracic, and lumbar spine is not medically necessary.