

Case Number:	CM14-0050158		
Date Assigned:	07/07/2014	Date of Injury:	08/15/1997
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/17/2014

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 Pain 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 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:

According to the records made available for review, this is a 54 year-old male with an 8/15/97 date of injury, and cervical decompression and fusion (date not specified). At the time of request for authorization for 8 Physical Therapy Sessions for the neck and lower back, there is documentation of subjective (continued left neck pain that radiates to the left upper limb, pain rated 7/10; and increased chronic low back pain without radiation) and objective (cervical extension and rotation motion impaired, several left cervical paraspinal trigger points, mild left wrist extension and triceps weakness, and bilateral L5 paraspinal tenderness) findings. Current diagnoses (cervical strain, status post anterior cervical decompression/fusion, chronic cervical pain, remote lumbar strain and contusion, lumbar pain, reactive depression, opiate dependence for pain management, depression, and spinal cord stimulator removal), and treatment to date (medications, therapy, and spinal cord stimulator). The number of previous physical therapy treatments cannot be determined. In addition, there is no documentation of functional deficits regarding the low back and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy for the neck and lower back, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back, Physical Therapy (PT).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of neck not to exceed 10 visits over 8 weeks and with a diagnosis of lumbago; backache, unspecified 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical strain, status post anterior cervical decompression/fusion, chronic cervical pain, remote lumbar strain and contusion, lumbar pain, reactive depression, opiate dependence for pain management, depression, and spinal cord stimulator removal. In addition, there is documentation of previous physical therapy treatments. Furthermore, there is documentation of functional deficits regarding the neck. However, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional deficits regarding the low back. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for 8 Physical Therapy Sessions for the neck and lower back is not medically necessary.