

Case Number:	CM14-0198625		
Date Assigned:	12/08/2014	Date of Injury:	07/31/2014
Decision Date:	01/26/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine, 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:

The patient is a 48-year-old female with an injury date of 07/31/14. Based on the 10/16/14 progress report, the patient complains of neck, lower back, bilateral shoulder, and thoracic spine pain and the pain is primarily present in the neck and lower neck. Pain is 6/10 in neck and low back with radiation into arms and legs. Shoulder is at 4-5/10. Patient has difficulties with housework, self-care, and sleep. Current medication is Motrin 800mg. Exam showed bilateral paraspinal tenderness C2-C7 as well as bilateral upper traps. Spurling test show positive on right side, tenderness at L5-S1, superior iliac crest, sciatic notch. X-rays dated 10/16/14 showed multilevel cervical spondylosis at C4, C5, C6, and C7. X-ray of the lumbar spine showed a pars fracture at L5-S1 with advanced discogenic collapse. The diagnoses include following 1. Cervical sprain/strain without radiculopathy 2. Multilevel cervical spondylosis C4-C7 3. Bilateral shoulder sprain/strain with subacromial bursitis. 4. Thoracic sprain/strain with presumed myofascial pain. 5. Lumbosacral sprain/strain with radiation left lower extremity. 6. Spondylosis with probable spondylolisthesis and spondylosis at L5-S1. Based on the 09/26/14 report, the patient completed 6 sessions of physical therapy and treater requested 6 more sessions. The patient is taking Flexeril, Robaxin PRN and Mobisyl PRN. The treating physician is requesting for 24 sessions of physical therapy for cervical, thoracic, and lumbar spine as well as bilateral shoulders per 10/16/14 report. The utilization review determination being challenged is dated 11/05/14. The requesting provider provided treatment reports from 07/31/14-11/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twenty-four (24) sessions, cervical thoracic and lumbar: Upheld

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

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

Decision rationale: This patient presents with neck, lower back, bilateral shoulder, and thoracic spine pain and the pain is primarily present in the neck and lower neck. The request is for 24 sessions of physical therapy for cervical, thoracic, and lumbar spine as well as bilateral shoulders. According to 08/19/14 report, the patient received certification of 2x3 session of physical therapy on 08/14/14. These sessions were completed by 09/26/14. MTUS pages 98 and 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. Medical records indicate the patient most recently completed 6 physical therapy sessions. The results are unclear as the physical therapy reports were not provided for review. The treater does not provide any information regarding goals and progress from therapy. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested additional 24 sessions combined with the 6 already received, exceeds what is recommended by MTUS. The request is not medically necessary.