

Case Number:	CM14-0040323		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2009
Decision Date:	01/27/2015	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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 66-year-old female with a 12/10/09 date of injury. At the time (3/31/14) of request for authorization for physical therapy 12 sessions, there is documentation of subjective (neck pain with radiation to the right shoulder and elbow; constant low back pain with radiation to the right hip and buttock and groin) and objective (pain with external rotation of the right hip with some grinding, positive sciatic notch tenderness, decreased right Achilles reflex, 4/5 right foot eversion weakness; cervical spine guarding, pain with range of motion, 4/5 muscle strength right abduction, forward flexion, and adduction) findings, current diagnoses (cervical spine herniated nucleus pulposus at C4-5 and C5-6 with right upper extremity radicular pain and paresthesia; lumbar spine herniated nucleus pulposus with disc collapse at L5-S1 with right lower extremity radicular pain and paresthesia; sciatica; and right-sided protrusion at L5-S1 with lateral recess stenosis), and treatment to date (medications, activity modification and physical therapy x at least 7 sessions). 2/24/14 medical report identifies that the patient has had seven sessions of physical therapy and would like to continue with additional therapy sessions as it has been helpful. 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; and exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions: Upheld

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

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. Title 8, California Code of Regulations, section 9792.20.

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. ODG recommends a limited course of physical therapy for patients with diagnoses of degeneration of cervical intervertebral disc and sciatica; thoracic/lumbosacral neuritis/radiculitis, unspecified not to exceed 10-12 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 cervical spine herniated nucleus pulposus at C4-5 and C5-6 with right upper extremity radicular pain and paresthesia; lumbar spine herniated nucleus pulposus with disc collapse at L5-S1 with right lower extremity radicular pain and paresthesia; sciatica; and right-sided protrusion at L5-S1 with lateral recess stenosis. In addition, there is documentation of at least 7 sessions of physical therapy completed to date. However, despite documentation that physical therapy has been helpful, 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. In addition, given that the request is for physical therapy 12 sessions, which along with the number of visits provided to date, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 12 sessions is not medically necessary.