

Case Number:	CM14-0065911		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2012
Decision Date:	04/23/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 injured worker is a 56 year old male, who sustained an industrial injury on 8/7/12. The diagnoses have included cervical strain/sprain with upper extremity radiculopathy, cervical stenosis, lumbosacral sprain/strain, and lumbar annular tear. Treatment to date has included 12 sessions of physical therapy with improvement, medications, and cervical epidural injection, diagnostics, conservative measures and Home Exercise Program (HEP). Currently, as per the physician progress note dated 3/27/14, the injured worker was for a follow up visit. It was noted that he had completed 12 sessions of physical therapy which gave him moderate improvement in his symptoms. The physician noted that he and the injured worker felt that there was room for additional improvement. He also received a cervical epidural injection with benefit; however after a month the symptoms began to return. It was noted that he is about 50 percent of where he was at previously with regards to the right upper extremity symptoms. He continues to have ongoing problems with the lower back with improvement from physical therapy. He continues to be limited with prolonged sitting. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/27/14 revealed an annular tear. Physical exam of the cervical spine revealed diminished range of motion. The lumbar spine revealed tenderness with spasm noted in the right lower back. The current medications were not noted and the previous physical therapy sessions were not noted. The physician noted that he felt that since the onset of his injury a year and a half ago he has only had about 12 weeks of physical therapy for his neck and back. The physician requested treatment included additional Physical Therapy 2x week x6 Weeks for the Neck and Low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x6 Weeks Neck and Low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back, Low Back.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back and neck is recommended by the MTUS Guidelines as an option for chronic lower pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, he had completed 12 supervised sessions of physical therapy, which should have been sufficient to help train him to be able to successfully perform home exercises following these sessions. The request for additional supervised physical therapy is not appropriate and home exercises should be the mainstay of physical medicine at this point. Also, there was no evidence that the worker was not able to perform home exercises, which might have warranted a few supervised refresher sessions. Therefore, the request for 12 sessions of physical therapy for the neck and low back will be considered medically unnecessary. Therefore the request is not medically necessary.