

Case Number:	CM15-0000426		
Date Assigned:	01/12/2015	Date of Injury:	10/19/2000
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 10/29/2000. He has reported subsequent neck, shoulder, bilateral leg and back pain and was diagnosed with brachial neuritis, lumbago, displacement of cervical intervertebral disc, cervicalgia and post-laminectomy syndrome. Treatment to date has included oral pain medication, a home exercise program, application of heat and stretching. A PR2 report from 11/18/2014 noted that the IW continued to complain of severe bilateral leg and neck pain which was noted to interfere with the IW's ability to perform ADL's. Pain was rated as 10 out of 10 and was rated as a 6/10 with medication. Objective physical examination findings revealed tenderness to palpation of the cervical and paraspinal thoracic area with decreased cervical range of motion. The IW was noted to need cervical spine surgery and was going to be scheduled for a cervical radiofrequency ablation. The physician requested authorization of physical therapy evaluation and treatment to provide pain relief and improved function and quality of life. On 12/17/2014, Utilization Review non-certified a request for 12 physical therapy visits of the cervical, lumbar and thoracic spine, noting that there was limited documentation of a specific flare up to support the need for physical therapy and no documentation to support why a home exercise program couldn't have adequately addressed the residual deficits. MTUS Chronic Pain and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back & Low Back Procedure Summary

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

Decision rationale: The patient presents with severe neck pain, leg pain, and internal derangement of his left shoulder. The request is for 12 physical therapy visits for the cervical, thoracic, and lumbar spine. Review of the reports provided does not indicate if the patient has had any prior physical therapy. MTUS page 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 one or less, plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient's injury is from 10/19/2000. Review of the reports does not provide any physical therapy sessions, when these sessions took place, how many sessions the patient had. There is no discussion as to why the patient is unable to do a home exercise program. Furthermore, the requested 12 sessions of physical therapy for the cervical, thoracic, and lumbar spine exceeds what is allowed by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.