

Case Number:	CM15-0007893		
Date Assigned:	01/26/2015	Date of Injury:	11/29/2013
Decision Date:	04/07/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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 63-year-old male who sustained an industrial injury reported on 11/29/2013. He has reported continued low back pain, insomnia and erectile dysfunction. The diagnoses have included diffuse degenerative discopathy at cervical 4-5 and cervical 5-6; thoracic bulges at thoracic 4-5 with compression at thoracic 4 & cervical 5-6 nerve roots and encroachment at right ventral thoracic 3 nerve root, and severe cord compromise at cervical 4-5 with direct compression of the cord at cervical 3-4; insomnia; depression; and erectile dysfunction. Treatments to date have included consultations; diagnostic imaging studies; physical therapy sessions for the low back and neck; home exercise program; injection therapy; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary and unable to return to work. An original industrial injury was noted to have occurred on 3/12/2013, when this new industrial injury of 11/29/2013 occurred as he returned to work at a reduced capacity, and repeating the injuries to the back, neck, shoulders and ribs. On 12/15/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/8/2014, for additional physical therapy , 3 x a week x 3 weeks (9 sessions) for the thoracic, right shoulder and neck. The Medical Treatment Utilization Schedule, chronic pain treatment, physical therapy guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the thoracic, right shoulder and neck, three times weekly for three weeks: Upheld

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

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

Decision rationale: The injured worker is being treated for aggravation of back and neck pain. Plan is made for referral to physical therapy 3 times a week for 3 weeks. One week follow-up appointment is scheduled. For the diagnoses of myalgia and myositis, MTUS guidelines recommends up to 9-10 visits over 8 weeks, allowing for weaning of treatment frequency with transition to a self-directed home exercise program. Although the request for physical therapy falls within the total number of physical therapy visits, the requested frequency does not allow for weaning of treatment frequency and therefore does not comply with the MTUS guidelines.