

Case Number:	CM15-0009936		
Date Assigned:	01/27/2015	Date of Injury:	07/06/2011
Decision Date:	03/30/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 61 year old male injured worker suffered and industrial injury on 7/6/2011. The diagnoses were herniated discus pulposus, thoracic lumbar fusion with residual severe low back pain, chronic low back pain, chronic pain syndrome, anxiety, depression, L3 burst fracture, lumbar radiculopathy, peripheral neuropathy, failed back surgery syndrome left shoulder impingement syndrome and traumatic brain injury in the right frontal lobe. The diagnostics were magnetic resonance imaging of the brain, cervical magnetic resonance imaging and x-rays. The treatments were thoracic lumbar fusion, epidural steroid injections, medications, physical therapy, and home aquatic exercise program. The treating provider reported constant neck pain 5/10 with radiation to the right upper extremity with numbness and tingling. Also reported was constant low back pain rated 5/10 radiating to the bilateral lower extremities with numbness and tingling along with spasms to the feet. On exam the injured worker had impaired gait utilizing a cane. There was also a request for authorization of cervical fusion. The Utilization Review Determination on 12/11/2014 non-certified 24 sessions of post-operative physical therapy for the cervical spine modified to 3 x week x 4 weeks, citing MTUS Chronic Pain Treatment Guidelines, post-surgical physical medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the cervical spine 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ('fading') should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing mid- and lower back pain and neck pain that went into the arms with numbness, tingling, and weakness. Treatment recommendations included upper back surgery and physical therapy after surgery. The request for an indefinite number of therapist-guided sessions would not account for changes in the worker's care needs. For this reason, the current request for an indefinite number of sessions of post-operative physical therapy for the cervical spine region is not medically necessary.