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| Case Number: | CM15-0100973 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 07/08/2010 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old man sustained an industrial injury on 7/8/2010. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine MRI. Diagnoses include axial low back pain, lumbar spine sprain/strain, electroshock to the right index finger, persistent right neck pain status post electroshock, post-traumatic headaches likely myofascial, cognitive injury, depression, and symptoms of post-traumatic stress disorder. Treatment has included oral medications, facet nerve rhizotomy, and lumbar facet medical branch nerve blocks. Physician notes dated 4/15/2015 show complaints of neck and low back pain with radiation down the right leg and arm and migraine headaches with accompanying nausea, vomiting, photophobia, and phonophobia as well as tingling on the left side of the head. The worker rates the pain as 7/10 with medications and 10/10 without medications. Recommendations include Oxycodone IR, Gabapentin, Cymbalta, neurology recommended Botox injection and electroencephalogram, laboratory testing, physical therapy, lumbosacral steroid injection, Topiramate, and follow up in one month. A progress report dated April 28, 2015 indicates that the patient has not had any formal physical therapy, and requests 6 physical therapy visits to address cervical and lumbar spine issues.

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 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by ODG as a trial (6-visits) and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.